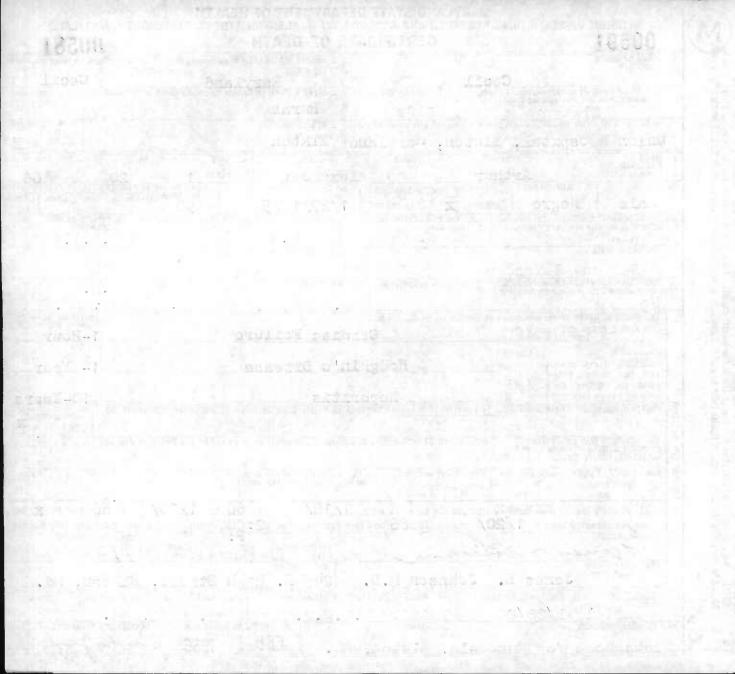
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OF Q1

CERTIFICATE OF DEATH

OEKIII IOA	IL OI DEATH	1111281
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution:	Residence before admission)
Cecilm MARYLAND	a. STATE b. COUNTY	Cecil
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
write RURAL and give nearest town) Elkton Life	Rural	DO = 1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address		e, IS RESIDENCE
		ON A FARM?
Union H ospital, Elkton, Maryland	d Elkton	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
(The second of the second of t	lexander DEATH 1 20	19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8 DATE OF RIDTH 10 ACE (In years IETINDER	D 1 VEAD IT TINDED 24 HDS
Male Negro WIDOWED X DIVORCED	1/27/1875 last birthday) Months	Days Hours Min.
10a HSHAL OCCUPATION (Clue bind of work done 10b KIND OF BURLINGS OF		CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY		COUNTRY?
Far m Han d	Maryland U.	.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Nelson Alexander	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (If yes give war or dates of service)	. INFORMANT - Address	.D.
37		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	s. Evan T. Hammond, Elktor	I INTERVAL BETWEEN
DADE I DESERVANCE CONTRACTOR OF THE PROPERTY O		ONSET AND DEATH
IMMEDIATE CAUSE (a). Cai	rdiac Failure	1-Hour
DUE TO		
Conditions, if any, which (b) Hodgki	in's Disease	1- Year
gave rise to immediate (b DIBCUSC .	1-1-641
case (a), stating the	and dead as	4:0 77
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE	citis	10-Years
S TAKT II. OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
10		YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	CURRED. (Enter nature of injury in Part I or Part II of Item 18	B.)
PARTII.OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUPANT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	ACE OF INJURY (Home, farm, 20f. (City or town) (Co	ounty) (State)
	tory, street, office bldg., etc.)	(Jeaco)
p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from_	1/12/ 19 66, to 1/20/ 19 6	66, that (1) (ME) last
saw the deceased alive on 1/20/ 19 66, and th	at death occurred at 2:00M, from the causes and on t	
22a./SIGNATURE / / /	P: 22b. [DATE SIGNED
Momes L. Hay	.D. ATTENDING MED. STAFF DIRECTOR PHYS.	21/66
22e PHYSICIAN'S	DIRECTOR PHYS.	-1/04
NAME (Type) James L. Johnson M.D.		ton, Md.
REMOVAL (Specify)		ounty) (State)
Burial 1/23/66 Trinity A.	U.M.P. Cemetery Zion, Md.	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	
Hicks Home for Funerals. Elkton.	Md. DAFEEB 4 1966 Scharle	es Judge

VR A15 (4) 15M 4-64



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	MA	RYLAND ST	ATE DEPAI	RTMEN	r of hea	ALTH	
DIVISION OF ST	TATISTICAL RES	SEARCH AND I	RECORDS, 30	1 W. PRE	STON STI	REET, BALTIMOR	E 1, MARYLAND
00592		CERT	IFICATE (DE DE	ΔΤΗ		MARCO

	UUUU	9	Lem	#O HIJ J # #C 5 7	59	7776			104
1.	PLACE OF DEATH	ounty		MARYLA	ND	a. STATE Marvlane		b. COUNTY	Residence before admission)
	b. CITY OR TOW Write RURAL	N (If outside corporate and give nearest town	limits,	c. LENGTH OF STAY I				limits, write RURA	L and give nearest town)
	Cecilton	n. Md.		Lifetim	e	Cecilto	n. Md.	07	- /
	d. NAME OF HO	SPITAL OR INSTITUTION	l (If not Ir	n hospital, give street add	lress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO SC
3.	NAME OF DECEASED (Type or print)	Fir Alber t		Middle Nelson A	rmb	Last rester, Sr.	4. DATE OF DEATH	Month Jan. 15	Day Year 19 66
5.	SEX	6. COLOR OR RACE	7. MARRI	ED X NEVER MARRIED] [B. DATE OF BIRTH	9. AGE	(In years IFUNDE birthday) Months	R 1 YEAR IF UNDER 24 HRS.
	Male	White	WIDOW			Feb. 13,18	93 72 73	yrs. Monuis	Days Hours Mill.
10a. duri	USUAL OCCUPAT	ION (Give kind of work d	one 10b	. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (Co			CITIZEN OF WHAT COUNTRY?
	Farmer	4 ,		Farm		Cecil Co	unty, Mar		U.S.A.
13.	FATHER'S NAM	E				14. MOTHER'S MAID	EN NAME		
	Albert		rest			Sally	Ann Si	mmons	
15. (Yes	was DECEASED s, no, or unkown)	EVER IN U.S. ARMED FOR (If yes give war or dates of	CES?	16. SOCIAL SECURITY NO.	17.	INFORMANT		Address	
	No			218-32-1996	Mr	s. Florence	Armbrest	er Cec	ilton, Md.
I			cause pe	er line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) .	Cerebral	thr	ombosis			5 years
	332	X DUE T			1.00				
	Conditions, If	any, which	b)		101				
	gave rise to cause (a), st	Immediate (4.				
	underlying caus	in look	c)						
S S	PART II. OTHER S	SIGNIFICANT CONDITION	NS CONTR	IBUTING TO DEATH BUT NO	TRELA	TED TO THE TERMINAL D	DISEASE CONDITIO	NGIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
ICA	0.0	land	n mt	aniogalanos	10				VEC NO FO
CERTIFICATION	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ING CAUSE OF DEATH TIFY MEDICAL EXAMIN	20b. H ER)	DESCRIBE HOW INJURY	OCCU	RRED. (Enter nature of	injury in Part I o	r Part II of Item 1	8.)
R		INJURY Month, Day, Y		I. INJURY OCCURRED 20	e. PLA	CE OF INJURY (Home, fa	rm, 20f. (City	or town) (C	ounty) (State)
MEDICAL	Hour a.r		Wh	lle Not While at work	tacto	ry, street, office bldg., e	tc.)		
2				nded the deceased fro	m	1 Jan 661	9 to 75	Jan 609	, that (I) (we) last
		ceased alive on				death occurred at 7	: OUM, troin th	e causes and on	the date stated above.
	222. SIGNATUI	RE OV.	0	2 .0		ATTENDING -	MED. S	AFF 22b.	DATE SIGNED
	Wall	see ollen	win	w. Mr	M.D	. PHYS.	DIRECTOR P	iys.	
	226. PHYSICIA NAME (T)	Abe) Mallace	e Ub	enshain,M.I		22d. ADDRESS Ceci	lton °M	d.	
23a.	BURIAL, CREM	ATION, 23b. DATE TI	HEREOF	23c. NAME OF CEM	ETERY	OR CREMATORY		N (City, town or c	ounty) (State)
	Burial Spe		18, 1		Cen		Ches	apeake Ci	ty, Md.
24.	FUNERAL DIRE	CTOR	,	ADDRESS			- 0	25b. REGISTRA	
3	odward	Tellow		Millington	n, N	id. DATEAN	120 1966	Hillians	es Judge

VR A15 (4) 15M 4-64

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DIVISION OF STATISTICAL RESEARCH AND IN CERTIFICATION OF STATISTICAL RESEARCH AND INCOMPRISE OF STATISTICAL RES	RECORDS, 30		N STREET,	BALTIMORE	1, MARYLAN	3 10
1. PLACE OF DEATH a. COUNTY Cecil	ARYLAND 2.	usual RESIDENC a. STATE Maryla	115-317	b. COUNTY	tion: Residence before 11	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesapeake City		Chesapes	outside corpora	te limits, write i		earest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre Chesapeake City, Maryland		street address he sape al	ke City	, Md.		RESIDENCE N A FARM?
3. NAME DF First Middle (Type or print) Bertha	Benso	Last	4. DATE OF DEATH	Month 1	25th.	Year 19 66
1011010	WIED	47 ATE OF BIRTH	la	E (In years IFL st birthday) Mo	INDER 1 YEAR IF U	OURS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Done Stic	S OR 11	BIRTHPLACE (Co Marylar		oreign country)	12. CITIZEN OF V COUNTRY? U.S.A.	VHAT
13. FATHER'S NAME Howard Gibbs		Mary Owe	EN NAME			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITE (Yes, no, or unkown) (19 yes give war or dates of service) 219-20-57		RMANT y Reddir		Address	City. N	vid .
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), at PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Care		INTERVA	L BETWEEN AND DEATH Y			
Conditions, If any, which gave rise to immediate DUE TO (b) Pneumonia					3- D	ays
cause (a), stating the DUE TO Hypertens:					5-Ye	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED T	OTHE TERMINAL D	ISEASE CONDITI	ON GIVEN IN PAR	T 1(a) 19. WA	AS AUTOPSY RFORMED?

HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATI DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item 18.)

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year

20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

20f. (City or town)

(County) (State)

NO |

YES

Hour a.m. While at work p.m 19 21. I certify that (I) (DOSCDOSDICATI

23b.

1966 from the causes and on the date stated above.

66, that (I) Two last

attended the deceased from and that death occurred at 3 saw the deceased alive on 22a. SIGNATURE

DATE THEREOF

29/66

ATTENDING PHYS. ADDRESS East M.O.

MED. DIRECTOR STAFF PHYS.

22b. DATE SIGNED 1/26/66

PHYSICIAN'S NAME (Type) 22c.

MEDICAL

23a.

Johnson M.D. James

NAME OF CEMETERY OR CREMATORY Cem. Manor

23d. LOCATION (City, town or county) Chesapeake City

(State) Md.

BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR

Bohemia ADDR ESS

Not While at work

25a. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

909 Poplar St.

DATE

St., Elkton, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	0059	, 4 T.	//o Fi		OF DEATH		00584
	LACE OF OEATH	cil	3M // 7 1	MARYLAND	O. SIAIE Mar	yland ". "	utian: Residence befare admission) UNTY Ce cil
b.	. CITY OR TOWN write RURAL ar	(If autside carparate limit ad give nearest tawn) E	lkton	LENGTH OF STAY IN 16		utside carparote limits, write R	
		TAL OR INSTITUTION (If no Hospital			d. STREET ADDRESS	il Street	e. IS RESIDEN ON A FAR YES N
3. N	AME OF ECEASED Type or print)	Gertr	st	Middle	Biggs		nuary 24, 19
S. Si		6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRTH II/24/05	9. AGE (In yeors lost birthdoy)	Manths Oays Hours
10a.	USUAL OCCUPATION	N (Give kind of work done g life, even if retired)		OF BUSINESS OR ISTRY R.M.R.	11. BIRTHPLACE (County	(& Stote, ar fareign cauntry) on, Marylan	d 12. CITIZEN OF WHAT COUNTRY? U.S.
13.	FATHER'S NAME Max W	oodall			14. MOTHER'S MAIDEN Ella	NAME R heister	
(Yes	WAS DECEASED EV	ER IN U.S. ARMED FORCES? (If yes give war or dates of	of service) 16. SO		INFORMANT	Add	tress .
L CERTIFICATION	2Da. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF 20c. TIME OF IN	AS UNDERLYING CAUSE (CAUSE OF DEATH Y MEDICAL EXAMINER)	(b) TO (c) ONTRIBUTING TO 2Db. DESC	RIBE HOW INJURY OCCURRED. JRY OCCURRED 2De. PLA	(Enter noture of injury in		19 WAS AUTOL PERFORMEL YES N
ME	21. 1 cer	tify that (I) (this had deceased alive an	pifal) attende	at work Land the deceased fram	at death accurred a ATTENDING PHYS. 22d. AODRESS	1966, to 1/2	s and an the date stated 22b. DATE SIGNEO
I	BURIAL, CREMAT REMOVAL (Speci FUNERAL DIRECT	1/28/		23c. NAME OF CEMETERY OR Elkton Gem	etery		, , , , ,
7	Ticks A	Bull By	Pureraf	s. Elkton,	1 1-1-1	4 1966	mary Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATIST	ICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BAL	TIMORE 1, MARYLAND
00595	CERTIFICATE OF DEATH	00585

4	0000					000.1
石	PLACE OF DEATH O. COUNTY		2. USUAL RESIDENCE			ce before edmission)
	Cecil	MARYLAND	. STAJE Marylan		Cecil	
_	b. CITY OR TOWN (if outside corporata limits,	c. LENGTH OF STAY IN 16	L/	utside corporete limits, v	0000	naarast town)
	write RURAL and give naarast town) Elkton	Life	Elkton			171
_	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS			a. IS RESIDENCE
	Union Hospital		D D 4	7 / 7 0 0	2~1	ON A FARM?
3	. NAME OF First	Middla		3 (Lee	onth Day	Year NO 5
	DECEASED (Type or print) W H S			OF		10
5	11 9 11 6 10		ouchelle	natin	ary 8	19 66 IF UNDER 24 HRS.
	7. MARKIEI			last birthda		Hours Min.
1	Male White WIDOWE		arch 28, 18	83 82 yr	1 1	
-	done during most of working lifa, even if retired)	ND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (County	& State, or foreign coun	ry) 12. CITIZEN O	F WHAT COUNTRY?
	Mail Carrier U.	S. Govt.	Marylan		U.S	A.
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME		
	Wilmer C. Bouchelle	9	Mary Eliz	abeth Sim	pers	
1	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. Yes, no, or unkown) (Ifyasgivewarordatasofsarvice)	SOCIAL SECURITY NO. 17. I	NFORMANT	, Add	less ,	
·	No	7/1	s Ann Bouc	helle Ell	ston Ma	
	18. CAUSE OF DEATH [Enter only one cause per li	ne for (e), (b), and (c).]	DO MO.		INT	ERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: Arte	erioscleroti	c cardio va	scular di	Sease III	iset and death
	4221 DUE TO			Our ar ar	30 a30. ui	INIIOWII
	Conditions, if any, which (b)				15 -13 -17	
	gava rise to immediate cause					
	(e), stating the underlying DUE TO					
2	(6)	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	I DISEASE CONDITION	GIVEN IN PART 1(=) (9. WAS AUTOPSY
J.			T KEEN TO THE TERMINA	E DISENSE CONDINON		PERFORMED?
FICA	Large lett ingt	Inal hernia	D (Feb. colors of introduction			YES NO IN
CFRTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Entar nature of injury in P.	ant of Part II of Itam 18.		
A	20c. TIME OF INJURY Month, Day, Year 20d. 1	NJURY OCCURRED 20a. PLA	CE OF INJURY (Homa, farm, !	20f. (City or town)	(County)	(Steta)
MEDICAL	Hour a.m. Whila at work	Not Whila factor	ory, straat, office bldg., atc.)			
_			; T = 10	(0 100 6 4	l=1 (1) (·····) l=1
	21. I certify that (I) (this hospital) attend					
	saw the deceased alive on	195.6, and that	death occurred at 1.1.	Sw from the cause	s and on the dat	22b. DATE
	228. 31511110101	. 11	ATTENDING MEE	STAFF		SIGNED
	22c. PHYSICIAN'S	M.		ECTOR PHYS.	1	1/10/06
	NAME (Typa) S. RALPH AT	NDREWS, JR.M	.D. 233 E.	Main St.,	Elkton,	Md.
_				221 1001701170		
2	3a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City,		* (State)
_	Bur1a1 1/11/86	Head of Chri	LSTIana Cemle	stery, Nev	ark, Del	•
2	4 FUNERAL DIRECTOR'S SIGNATURE	V 60-14/1	ZSa. REC'D	BY REGISTRAR 256.	diesplay la	
-	Hicks Home for Cunera	1s, Erkton,	DATE DATE	1000	Too ye	

VR A15 (4) 20M 5-63

 MARYLAND STATE DEPARTMENT OF HEALTH

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		MARYLAND S	TATE DEP.	ARTMENT OF	HEALTH		
DIVISION O	F STATISTICAL	RESEARCH AND	RECORDS,	301 W. PRESTO	N STREET,	BALTIMORE '	I, MARYLANI
00597		RESEARCH AND	TIFICATE	OF DEATH			OULCE

	000000			CENTILICATI	L OI DEATH				1115	X	
1.	PLACE OF DEATH	1			2. USUAL RESIDENC a. STATE Maryla		eceased lived, If In b. COU		tesidence	before adn	nission)
_	Cecil	N //f autolid	- 12-14-	MARYLAND				ite DUDAL	and als		town)
	Write RURAL	N (if outside corporat and give nearest tow	e iimits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside co	rporate ilimits, w	ILO KUKAL	and giv	e nearest	LOWIN
	Perry			2 yrs I mo	Baltin	more			30.	- 4-	
	d. NAME OF HOS	SPITAL OR INSTITUTIO	N (if not In h	ospital, give street address)	d. STREET ADDRESS				0	. IS RESI	DENCE
_					24.7	37 1.7	1 1			ON A FA	
		Administr			143 E		h Avenue				NO3
3.	NAME DF DECEASED	FII	rst	Middle	Last	4. DATE	Mont		Day	Year	
	(Type or print)	WIL	LIAM	J.	HALL	DEAT	н Januar	У :	13	196	6
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9	. AGE (In years	IF UNDER	1 YEAR	IF UNDER	24 HRS.
	W 2				11 27 07		last birthday)	Months	Days	Hours	Min.
40	Male	White	WIDOWED		11-23-97		yı s.			DE WILLET	
dur	ing most of work	ION (Give kind of work of life, even if retired	10ne 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (Co	ounty & State	e, or toreign country	y) 12. C	DUNTRY	OF WHAT	
	Account				Surry, V	Virgi:	nia		USA		
13.	FATHER'S NAM				14. MOTHER'S MAID						
		*** **	121		Martha Ba	e or e	(D)				1.11
	Richard		(D)			250					
(Ye	. WAS DECEASED E	EVER IN U.S. ARMED FO (If yes give war or dates of	f service)		INFORMANT		Addre				5.21
	Yes	I WW	29	3-05-9115 VA	. Hospital I	Recor	ds, Perr	y Po:	int,	Md.	- 21
1	18. CAUSE OF	DEATH [Enter only one	e cause per l	ine for (a), (b), and (c).]					INTE	RVAL BET	WEEN
		ATH WAS CAUSED BY			2-22-4	1			ONS	ET AND D	
		IMMEDIATE CAUSE	(a) 101 U	nchopneumonia					2-	7 da	ys_
	4500	DUE	TO Mul	tiple infarct	s of kidney	ys wi	th throm	bus			150
	Conditions, If	any, which \	(b) in	left renal ar	terv				1-	2 we	eks
	gave rise to	Immediate (. ,								
	cause (a), st	tating the	Art	eriosclerosis	. generalia	zed			ve	ars	
z	underlying caus		(C)					Danzat-1		WAS AUT	OBCV
CERTIFICATION	PARTII. OTHERS	SIGNIFICANT CONDITIO	NSCONTRIBU	JTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL D	ISEASE COI	NDITION GIVEN IN	PARTI(a)	119.	PERFORM	
CA									YE	SX	10 🔲
=	2Da. ACCIDENT	WAS UNDERLYING	20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	injury in F	Part I or Part II	of Item 18	.)		
ER	OR CONTRIBUTI	NG CAUSE OF DEAT	(H								
				Number of the state of the stat	on on the tipe diameter	1 005	(011	(0.0)	and and	/04	
MEDICAL	Hour a.n	INJURY Month, Day,		facto	CE OF INJURY (Home, far ry, street, office bldg., et		(City or town)	(00)	inty)	(3)	ate)
윤	p.n		While at work	MOT WITTE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						2=30
				ed the deceased fromI	000 72 10	063 to	Jan 1	3 10	56 th	est stituton	dr tost
	ZI. I Gertin	A marving mosb	ital) attenue	ed the deceased from	75. 1	1 En 6	Jan dha annsa	and an A	La Jak	STOTE OF	ahaua
	*awxtnexoe	Sease oxaline xan XX	XXXXXX	xxxx9xxxx and that	death occurred at-	am	rom the causes	1 22b. 0	ne date	Stated	anove.
	22a. SIGNATUR	(E	200		ATTENDING - N	MED.					
	CYY E	U.h.	1110	oney M.D		DIRECTOR	STAFF PHYS.	1.	-13-	00	
	22c. PHYSICIA			1	22d. ADDRESS						
	NAME (Ty	(pe) A. L. M	CONEY,	M.D. V	VAH, Peri	ry Po	int, Md.				
23a	. BURIAL, CREM	ATION, 23b. DATE T	HEREOE	1 23c. NAME OF CEMETERY			OCATION (City, t		untv)	(Sta	te)
	REMOVAL (Spe	-1600		Baltimore I			altimore	J. 11 01 CO		vland	
	Removal	Jan.	17,00			_				9	
V14	FUNERAL RIBE	CTOR		ADDRESS Balto	o glitte	4.	ISTRAR 25b. R				
(Cook Fun	eral Home,	St.Pa	ul & Preston	St. AAN	77 10	JUL JULL	wyle	, Jac	del	

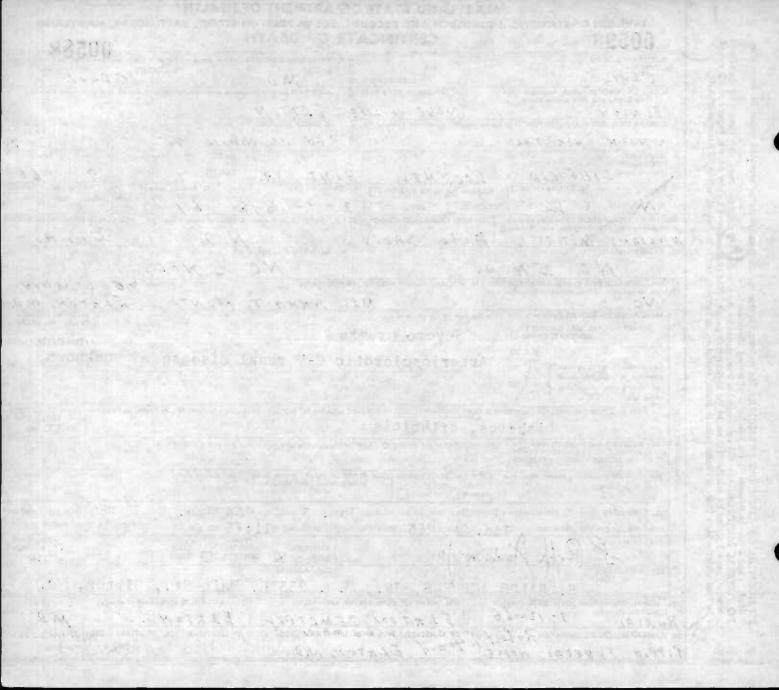
VR AI5 (4) 20M 1/65

Indicate the contract of the contract. THE PLANT HADRED TO SEE SE The state of the s Electric and a milk of the State of the Stat I Wednesday . See 4 and Alexand Areas. e. f, bb s thore at and 3 : 3

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions a. COUNTY b. COUNTY by the land 2 death. CECIL CECIL MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) EL RTON d. STREET ADDRESS MOST OF LIFE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? 360 completely papers. n 72 ho UNION HOSPITAL W. MAIN YES NO X 3. NAME OF 4. DATE DECEASED (Type or print) LINFIELD DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED HE UNDER 1 YEAR 9. AGE (In years last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working fife, even if retired U.S.A. MOTORS WILLIAMS 13. FATHER'S NAME 14. MOTHER'S MARDEN NAM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 17. INFORMANT ELKYON, MO MRS. ANNA T. HUNT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Severe uremia IMMEDIATE CAUSE (a) unknown Arteriosclerotic C-V renal disease unknown gave rise to immediate cause **DUE TO** (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Diabetes, arthritis YES XX NO 20a. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) factory, street, office bldg., etc.) Not While at work at work 122b. DATE STAFF SIGNED O HOSPITAL death. Page 4 O FUNERAL with t DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) M.D. 233 F. Main St., Elkton, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23d. LOCATION (City, town or county) D ig & 23c. NAME OF CEMETERY OR CREMATORY (Stata) FLATON CEMETER FLATON

ADDRESS = 54 E MAIN | 250. REC'D BY REGISTRAR | 250. REGISTRAR'S SIGNATURE VR A15 (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after The law requires that the death certificate

MARYLAND	STATE	DEPARTMENT	OF	HEALT
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TH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00599			CERTIFICA	ATE OF	DEAT	H			111	15.21)
1. PLACE OF DEAT a. COUNTY Gecil	Н		MARYLANI	a. STATE			deceesed lived, If b. COUI			ce before	edmission)
b. CITY OR TOWN	(if outside corporate lim	its,	c. LENGTH OF STAY IN 1				rporate limits, writ			nearest tov	wn)
Chesapeal	d give nearest town)			No	cth E	oat		0 7		/	
	ITAL OR INSTITUTION	if not in hosp	ital, give street address)		ADDRESS	036		0.1		e. IS R	RESIDENCE
	Nursing 1										A FARM?
3. NAME OF	First		Middle	Last		4. DATE	Mont		Dav	Yea	1
DECEASED (Typa or print)			Middle	Last		OF			00		
5. SEX	Ruby		Ç	Iresor		DEAT	gannai.		20,		66
J. JEA	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIR	TH		9. AGE (In years last birthday)	Months		Hours	R 24 HRS.
Female	White	WIDOWED		Oct. 28		82	83 угв.	- 7	50,5	110013	/*****
done during most of w	TION (Give kind of wor orking life, even if ratir	k 10b. KIN	OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Count	ly & State, o	or foreign country)	12. 0	ITIZEN C	OF WHAT	COUNTRY
Housewij				Vi	rgini	a			U.S.	. A	
13. FATHER'S NAME				14. MOTHER	S MAIDEN	NAME				• ^ •	
John	n Wiles			7797	rtha	" Aig	3				
15. WAS DECEASED EN	VER IN U.S. ARMED FOI	RCES? 16. S	OCIAL SECURITY NO. 17		ULLCI	613	Addres				
NO	(If yes give war or dates of	sarvice)		f	. 27 .	9117	**		-		
	DEATH [Enter only on	cause per lin	ne for (a), (b), and (c),]	Irs. Bra	adley	Mean	ver, No	rth_	L'SS.	TERVAL BE	TWEEN
	TH WAS CAUSED BY:	C.		. 10	^		. 11.			SET AND	DEATH
191	IMMEDIATE CAUSE (a)	Can	eer of which	- matter	(am	- pa	upugu		u	norm	m
, , ,	DUE TO		V	J		,	1 //				
Conditions, if an											
(a), stating the											
cause last.) (c)										
PART II. OTHE	R SIGNIFICANT COND	TIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 1	IP. WAS	AUTOPSY
1 there	solerater C	سندليد	me he she	l diser	e an	+ 0	riliter			YES T	ORMED?
20a. ACCIDENT W	AS UNDERLYING	20b. DESC	RIBE HOW INJURY OCCU	RRED. (Enter nature	of injury in	Part i or Pa	rt II of item (8.)				
PART II. OTHE 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	G CAUSE OF DEATH Y MEDICAL EXAMINER)			Tarana (anno marara	or injury in						
		ar 1 20d IN	NJURY OCCURRED 20e.	PLACE OF INJURY	(Home form	1 206 (C	ity or town)	10	ounty)		(State)
WEDICA TIME OF INJU	OK1 ,MOIIII, Day, 14	While	Not While	lactory, street, offic			11 y 01 10 w 11)	(0)	oumy,		(31014)
₹ p.m.	19	at work	at work			i ,					
			ed the deceased fro			19.66	o 24m. 21	1	9.66,1	hal (1)	(we) last
saw the decea	sed alive on.	17	19 66, and th	al death occur	red at 10%	20M, from	m the causes	and on	the dat	e stated	above.
22a. SIGNOTURE	all N.	AL		ATTENDI	NG N	NED.	STAFF	70		27	DATE SIGNED
22e. PHYSICIAN'S	alph y mu	ews /	-	M.D. PHYS.		IRECTOR	PHYS.				166
NAME (Type	5 RAL	AH VE	tnorens, JR,	u.p 233	- A	MIN .	ST. EEX	TON	M	0.	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
23a. BURIAL, CREMAT	ION, 23b. DATE THE	REOF	23c. NAME OF CEMETER		lY		CATION (Cily, to				Stete)
Burial	1 1/24/	56 1	Wiles Ceme	etery			yson Co				
24 FUNERAL DIRECTO	W 65. XX	ucks	ADDRESS Is. Elkton	. IId.	25a, REC	BY REGI	1966 RE	GISTRAR'	SIGNA	TURE	ge
1,401,0711	7114 TO TO TO TO		200011				,	-		<u></u>	

VR A15 (4) 20M 5-63

68900 Comer of wing blaser and perfolying Asteriadata commonly und store on soulty Jon 2 to Jon 2: I Ruph Robins It MADREW JENO 227 E. MAIN ST, ELEKTON MP. 1/20/10

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

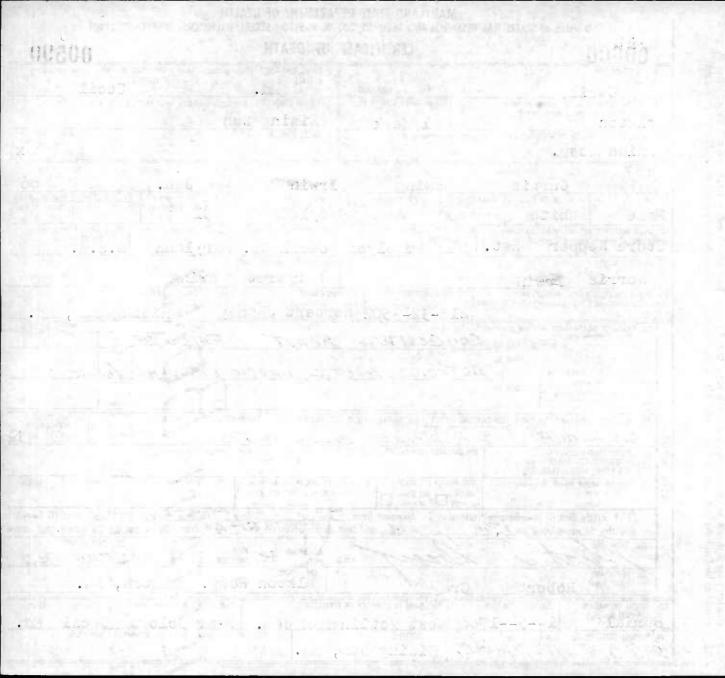
00600			CERTIFICATE	OF DEATH		0	0590				
1. PLACE OF DEATH					Where deceased lived, if instit		fare admission)				
a. COUNTY Cec	il		MARYLAND	o. STATE Md.	Ь. СО	Cecil					
L CITY OD TOWAL	If autoida camarata limit	s,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carparate limits, write R	URAL and give nea	rest tawn)				
Elkton	d give nearest tawn)		1 Week	Rising	Sun		07-1				
	TAL OR INSTITUTION (If n	at in hospital, g		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?				
Union H	Hosp.						YES NO				
NAME OF DECEASED	F	irst	Middle	Last	4. DATE Mo	inth D	ay Year				
(Type or print)	Curtis	BILL	Ewing	Irwin '	DEATH Jan.	2	19 66				
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years Jost birthday)	Months Doy					
Male	White	WIDOWED	DIVORCED S	/6/1884	81 yrs.	Mollills Doy	5 110015 141				
Oa. USUAL OCCUPATIO	N (Give kind of wark dane life even if retired) Re	et. Se	ND OF BUSINESS OR DUSTRY Lf Empolyed		& Stote, or foreign country) . Maryland	12. CITIZEN COUNTR U.S.	Y?				
3. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME						
Norris	Irwin			Margaret	Ewing						
S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16.	SOCIAL SECURITY NO. 17. I	NFORMANT		dress	F. W.				
	(If yes give war or dates	at service)	8-32 3502 H	erhert. Jar	nev Ri	sing Su	n Md				
No 1218-32-3502 Herbert Janney Rising St											
PART I, DEATH WAS CAUSED BY: ONSET AND DEATH											
IMMEDIATE CAUSE (a) CONGEST WE MEAN! FAILURE											
Conditions, if only, which gove) (b) ARTERIO SCLEROTIC CARDIO VASCULAR SIGNAS											
(b) ARTERIO SCLEROTIC CARDIO VASCULAR SISA. DUE TO											
stating the under	erlying cause										
-	,	(c)		THE TERMINAL DISCLES CO.	IDITION OF THE BART 1/ 1	1	19. WAS AUTOPSY				
PART II. OTHER S		-0- 1	O DEATH BUT NOT RELATED TO			37111	PERFORMED?				
	cm1A	@ 61	LATERAL D.	neumoni	715.		YES NO				
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	Enter nature af injury in	Part I ar Part II af item 18.)						
Haur a.	URY Manth, Day, Year m. m. 19	20d. If While	Nat While fact	CE OF INJURY (Hame, farm pry, street, affice bldg., etc.)		(Caunty)	(State				
21. I cert	ify that (1) (this ho	pital) atten	ded the deceased fram	June ,1	1965, to 25AN	, 1966,	that (I) (we)				
	eceased alive on_		19 66, and tha	death occurred at	2^{15} 4 M, from cause	s and on the d	late stated ab				
220. SIGNATURE		7 6	11	ATTEMPING	MED. STAFF	22b. DATE S	GNED				
101	ent a.	6	MIN M.	ATTENDING PHYS.	DIRECTOR PHYS.	0 2 JAX	V 1966				
22c. PHYSICIAN				22d. ADDRESS	II	361					
NAME (Type	Robert	Gr	ay /	Elkton	HOSP. EIK	ton, Md	•				
3a. BURIAL, CREMATI	ON, 23b. DATE TH	IEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or	Tawn) (Cou	nty) (Stote)				
Burial Specif	15-	-1966	West Nottin	cham Cem	Near Colo	ra Cec	il Md				
24 FUNERAL DIRECT		1 111	ADDRESS	2Sa. REC'I		REGISTRAR'S SIGNA					
Horas m	2 1115/11	welle.	Rising Sun	Md a part A A	15 1966 8	Charles	Judge				

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please certove carban papers. Pages I and should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death



FOR STATE HEALTH DEPT.

TO BEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

To FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

6

VR AI 5ME (5) 5M 1/65

	MARY	LAND STATE DE	EPARIMENTUE	HEALIH	
Division of	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BALTI	MORE 1, MARYLAND
00004	MEDICAL	EVALUATEDIC	OFFICIOATE	OF DEATH	

	UU OU 1	IAI	EDICAL	. EXAMINITE	131	CERTIFICAL	E OF	DEATH			5331	
1.	PLACE OF DEAT	H			1	2. USUAL RESIDEN	ICE (Where d	eceased lived, If in	stitution:	Residence	before a	dmission)
	a. COUNTY	ecil				a. STATE Mary	land	b. COU	Ceci	1		
-		/N (if outside corpora	te limite	MARYL I c. LENGTH OF STAY		c. CITY OR TOWN (I	fouteida co	rnorata limite w	rita PIIRA	I and oh	ve neare	st town)
	write RURAL	and give nearest toy	vn)	7 Hr.		· ·		st, Maryl		07	/	
	d. NAME OF HO	kton, Maryl	and on (if not in h	ospital, give street ac	idress)	d. STREET ADDRESS		,		10	. IS RES	
		on Hospita				Rou	ite 2			,	YES	FARM?
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Mon	th	Day		
	(Type or print)	FRED		ISAAC	XX	CSSACX	DEAT			25	20	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8	. DATE OF BIRTH	9	last birthday)	IFUNDE	R 1 YEAR	Hours	
	male	white	WIDOWED	DIVORCED	☐ Me	y 6. 1913		52 yrs.	Months	Days	Hours	Will.
10 du	ring most of work	TION (Give kind of work ing life, even if retire	d) I	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (eign country)	(OUNTRY	OF WHAT	ſ
12	B amd	O Railroad		Carpenter		Marylan 14. MOTHER'S MAI			US	SA.		
13	Martin I						Biddle					
15		EVER IN U.S. ARMED FO	200502 1 10	COOLS CENTRALLY NO	1 1 7		DIGGIE	Addre	200			
ίΫ́	es, no, or unkown)	(If yes give war or dates	of service)	SOCIAL SECURITY NO.		INFORMANT	7			143		
_	NO		100	-09-7350	INDLE	Elsie L.	Isaac	North	East,			
		DEATH [Enter only on EATH WAS CAUSED BY IMMEDIATE CAUSE DUE	(a) Arte	line for (a), (b), and (c		ardiovascul	ar dis	sease			RVAL BE ET ANO	
0	Conditions, If											
	gave rise to	Immediate	(b)									
	cause (a), s		(c)							7.1		
N		SIGNIFICANT CONDITIE	ONSCONTRIB	UTING TO DEATH BUT N	OT RELA	TEO TO THE TERMINAL	DISEASE CO	NOITION GIVEN I	N PART 1(e	19.	WAS AL	JTOPSY
CATIC		monale due					LL.				PERFOR	NO [
CERTIFICATION	20a. EXTERNA PRIMARY Or CAUSE OF DEAT	L CAUSE WAS CONTRIBUTING [] IH.	20b.	OESCRIBE HOW INJUR	RY OCCU	RRED. (Enter nature (of Injury In (Part I or Part II	of Item 1	8.)		
A C		INJURY Month, Oay,	Year 20d.	NJURY OCCURRED 12	Oe. PLAC	E OF INJURY (Home,	farm, 20f.	(City or town)	(Co	ounty)	(State)
MEDICAL	Hour a.r	m.	While	Not While	factor	y, street, office bldg.,	etc.)					
E	p.i		at wor		1.1	1 . 1 t \(\nabla \)	1	1			1 1	- ninian
		y that I took charg					Inspecti		uiry []		l in my	opinion
	death result	ted from. Natura	causes X	, Accident,	, Suid	cide, Homic		Undetermine	d mannei			
	ACTUAL	VIX	11.11	10/1/		CHIEF MEDIC				22	DATE	CICNED
	SIGNATURE	140	WV	May		_M.D. ASSISTANT MI						310112
	EXAMINER'S NAME (Type)	Rudiger B	reitene	ocker M D		DEPUTY MEOI Address (Street		Land		1-26	5-66	
23	a. BURIAL, CREM	MATION . 23b. OATE		23c. NAME OF CE	METERY		-	OCATION (CIty,	town or c	ounty)	(S	tate)
	Buria 1	ecify) Jan. 2	28,1966	Ebeneze	er Ce	metery	Ebe	nezer, M	aryla	ind		
24	4. FUNERAL DIRE	ECTOR		ADORESS		25a. R	EC'D BY REG	ISTRAR 25b.			ATURE	
	Grant	Funeral Hor	ne Some	ed De North	East	t, Md. OLAN	26 19	366	serve &	of all	7	
-												

to the second of DOME LEAVE s right! There we thing state of proceed an general particular character of plantament of the Marie Charles and American Company of the Santa Company of the Com

combounded to the state of the

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

			AL RESE			, 301 W. PRESTO		, BALTIMO	JRE 1, I	MARY	LAND	
,	00602			CERTIF	ICATI	E OF DEATH	1			1)()	592	
1.	PLACE OF DEATH a. COUNTY	1				2. USUAL RESIDENCE a. STATE		b. COU	NTY	Residence	before ac	Imission)
-	b CITY OF TOW	N /if outside corporat	a limite	MAR I c. LENGTH OF STA	YLAND	c. CITY OR TOWN (IF	cict of	Colum crate limits w	bia	and of	ve neare	st town)
	write RURAL	N (if outside corporation and give nearest tow	n)	C. LENGTH OF 317	1111120	C. CITT OK TOWN (II	outside corp	orate minits, ii	110 10111	m dira Bi	16.00	7
	Perry	Point		26 day	8	Washi	ington			-	7/-	2
	d. NAME OF HUS	SPITAL OR INSTITUTIO	IN (if not in h	ospital, give street	address)	d. STREET ADDRESS				1	B. IS RES	FARM?
	Veterans	Administ	ration	Hospital		245 58th	St., 1	V.E			YES 🗌	NO 🔀
3.	NAME OF DECEASED	FI	rst	Middle		Last	4. DATE	Mon	th	Day	Yea	ar
	(Type or print)		ZELL			LITTLE	DEATH	Janua	ry	10	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED T	B. DATE OF BIRTH	9.	AGE (In years last birthday)	LIFTINDE	R 1 YEAR		
	Male	Negro	WIDOWED			2-18-18	1	+7 yrs.	Months	Days	Hours	Min.
		ION (Give kind of working life, even if retire	done 10b. K	IND OF BUSINESS C	OR	11. BIRTHPLACE (C			y) 12. (ITIZEN	OF WHAT	
dui			d) I	NDUSTRY		0				COUNTRY USA	ſ	
13.	Laborer FATHER'S NAM				-	14. MOTHER'S MAIL	cce, Ge	orgia	1	JOA		
15	Archie I	ittle (DCEC2 16	SOCIAL SECURITY N	10 17	Wordie Hu	ınt	(I,)	200			
(Ye	es, no, or unkown)	VER IN U.S. ARMED FO (1f yes give war or dates o	f service)									
	Yes	WW II	24	4-14-2071	. V.	A Hospital	Record	is, Per	ry Po			
		DEATH [Enter only on								INTE	RVAL BE	DEATH
	PART I. DE	ATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Cardiac Ta	ampana	ade				1-2	er and day	S
	5.391	DUE	TO									
	Conditions, if		(b)	Mediastini	ltis					2-	-3 da	ys
	gave rise to											
	cause (a), st underlying caus	ating the		Perforation	on of	Esophagus				2-	-3 da	ys
No			(6)			TED TO THE TERMINAL D	DISEASE COND	ITION GIVEN II	PART 1(a) [19.	WAS AL	JTOPSY
ATI											PERFOR	MED?
FIC	ODG. ACCIDENT	WAS UNDEDLYING T	Lanh	DECORINE HOW IN	HDV OOOH	RRED. (Enter nature of	f Inlum In Da	et Lor Bort II	of Itom 1		2 V	ПО
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA	TH ZUD.	DESCRIBE HOW IN	UKT UCCU	KKED. (EIILEI HALDIE OI	i ilijuty ili ra	IL I UI PAIL II	of item 1	2.)		
C		TIFY MEDICAL EXAMI										
MEDICAL	20c. TIME OF I	NJURY Month, Day,				CE OF INJURY (Home, fary, street, office bldg., e		City or town)	(Co	ounty)	(3	State)
MED	p.n		While at work	Not While							2	
	21. I certif	y that 🗱 (this hos	ital) attend	ed the deceased	from	Dec. 15 , 1	9_65 to_	Jan. 1	Q_, 19_	66 th	utxilkin	ve) das
	sew the dec	coased alive enserce	XXXXXX	xxxWxxxx	and that	death occurred at_	2:15fro	m the causes	and on	the dat	e stated	above
	22a. SIGNATUR	RE .	_			ATTENDING	MED	om		DATE SI		
		a.F	m	sone	M.D	. PHYS.	DIRECTOR [STAFF PHYS.		. 11	66	
	22c. PHYSICIA NAME (Ty	N'S			1.	22d. ADDRESS						
		A. L.	Moone	у, M.D. Pa	tch.	VAH, Per	rry Poi	nt, Md	•			
238	a. BURIAL, CREM	ATION, 23b. DATE	THEREOF	23c. NAME OF	CEMETERY	OR CREMATORY	23d. LO	CATION (City,	town or co	ounty)	(SI	tate)
	REMOVAL (Spe		3,196	1			Toc	coa. G	eorg	112		
24	. FUNERAL DIRE	CIOR	W/m	ADDRESS		25a. RE	C'D BY REGIS	COR. G	REGISTRAF	Y'S SIGN	ATURE	
	PASSER	ON FUNERAL	HOME	Perryvil	le, N	M. DATE A!	N 18 1	000 0	27,	1. 0		

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THE STATE OF THE PROPERTY SERVICES AS A SERVICE SERVIC

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove earbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours, after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

		MARYLAND	STATE DEF	ARTM	ENT OF	HEALTH			
DIVISION OF	STATISTICAL	RESEARCH AN	D RECORDS	301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND)
00603		CEF	RTIFICATE	OF	DEATH			111150	12

00000	
1. PLACE OF DEATH 2. COUNTY Cocil MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Cecil
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, North East 16 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, North East
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) R.D. 1	ON A FARM?
1100	YES NO X
3. NAME OF First Middle DECEASED (Type or print) MARTHA BEATRICE LOGAN	Last 4. OATE Month Day Year OF DEATH January 10 19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. Date of Birth Sept. 16, 1895 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (County & State, or foreign country) Cecil County, Maryland USA 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Edward W. Goodnow	14. MOTHER'S MAIDEN NAME Gertrude Rutter
(Vos no or unicoun) ((If you also was as dates of course)	INFORMANT Address R.D. 1 Box 12 North East, Md.
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO Corducty Athor	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO DEATH BUT NOT RELIGIOUS CONTRIBUTING TO CAUSE OF DEATH OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO X
	URRED. (Enter nature of injury in Part I or Part II of Item 18.)
Hour a.m. While Not While factor at work 19 at work	ACE OF INJURY (Home, farm, ory, street, office bldg., etc.) (Clty or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1966, and that	27 Sept., 1965, to 10 Jan., 1966, that (I) (we) last at death occurred at 155 M, from the causes and on the date stated above.
22a. SIGNATURE Millius H. Huchur M.	D. ATTENDING MED. DIRECTOR PHYS. 22b. DATE SIGNED 10 Jan 66
22c. PHYSICIAN'S NAME (Type) KLAUS H. HUEBNER	North East, Maryland
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify) 1/13/66 North East Met	th. Cem. North East, Md.
Grant Funeral Homel Couch North East	in St. 1252. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE L. Md. DJAN 11 1966 Achieveles Judge

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH a. COUNTY Cecil Md. by the MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Elkton Elkton 5 Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 105 Clinton St. Union Hospital completely papers. 3. NAME OF Middle 4. DATE DECEASED (Type or print) Charlotte Long DEATH 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH T F'emale Negro WIDOWED certificate 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired Housewife Md. pho 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please death Ollie McCabe Unknown Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Glomerulonephritis, bilateral, severe burial-transit with very severe hypertension DUE TO attending Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the underlying the After this certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY CERTIFICATION hospital as 9 prior Epistaxis, severe
NDERLYING | 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) detached for use 20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL ATTENDING 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) fectory, street, office bldg., etc.) Not While be retained ö at work at work DIRECTOR: State Dept. page 3 swith the DIRECTOR T HOSPITAL FUNERAL Page 22c. PHYSICIAN'S NAME (Type) filed v 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. DATE Burial a dio Providence Cem. 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 909 Poplar St.

MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Cecil c. CITY OR TOWN (If outside corporeta limits, write RURAL and give neerest town) . IS RESIDENCE ON A FARM? YES NO Jan. 1966 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 12. CITIZEN OF WHAT COUNTRY U.S.A. Council Long-105 Clinton St., Elkton, Md INTERVAL BETWEEN ONSET AND DEATH unknown PERFORMED? NO M (State) 22b. DATE SIGNED ANDREWS, JR., M.D. 233 E. Main St., Elkton, Md. 23d. LOCATION (City, town or county) (Stete) Elkton, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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s after death the funeral	deed		COUNTY Ceci			MA	RYLAND	2. USUAL RESIDENCE o. STATE Maryl:		d lived, if institut b. COU	tion: Residence be NTY Cecil	fore odmission)
urs afte	s. Poges I o	ŀ	o. CITY OR TOWN (I write RURAL and	f outside corporote limits give nearest town)	s,	c LENGTH DF STAY	Y IN 1b	c. CITY OR TOWN (IF	outside corporot			rest town)
24 ho	bon popers. Poge , within 72 hours o	(I. NAME OF HOSPIT	al DR INSTITUTION (If no n Hospita				d. STREET ADDRESS R.D.#	3 B	ox 103		e. IS RESIDENCE ON A FARM? YES NO
within etely fil	orbon prithing it, within	1	NAME OF DECEASED Type or print)		rst	Middle Ann		Lost Mackey	4. DATE	Mon Janua:	rv 2	Doy Year 1 1966
physicion and completely f	nove corl ny event,	5. 5	emale	6. COLOR OR RACE	7. MARRIED WIDOWED			DATE OF BIRTH-	9.	AGE (In yeors lost birthdoy) 85 yrs.	Months Doy	rs Hours Min.
e be e	ose rer	100	USUAL OCCUPATION	(Give kind of work done life, even if retired)	INI	ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Cour	nty & Stote, or for	eign countrγ)	12. CITIZEN COUNTR	Y?
physic	nit. Then pleose remo orremovol, ond in ony	13.	FATHER'S NAME	as S. Mil	ler			14. MOTHER'S MAIDE		е		
ot the death ce	rmit. Tl , or rem	15. (Ye	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dotes o	16. 5	OCIAL SECURITY NO.		FORMANT Henry I	Howard	Addr Macke	110	
equires the physicion signed by	os the buriol-transit perr prior to buriol, crematian,		18. CAUSE OF DIPART I. DEA! 4 9/X Conditions, if ony, rise to immediat stoting the under lost.	, which gove e couse (o),	(o) Bra 10 (b)	(o), (b), ond (c).) ne.hapne	umen	/ 4				INTERVAL BETWEEN ONSET AND DEATH
tol of	for use	CERTIFICATION	1- A	GNIFICANT CONDITIONS C SHD 2 SUNDERLYING D CAUSE OF DEATH	Diabe	tes mell	litus	HE TERMINAL DISEASE (W. L			19. WAS AUTOPSY PERFORMED? YES NO
G PH the h	detache te Dept.	MEDICAL CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER) JRY Month, Doy, Yeor n.	20d. IN While of work	JURY OCCURRED Not While of work	20e. PLACI	E OF INJURY (Home, for ry, street, office bldg., e	orm, 20f.	(City or town)	(County)	(Stote)
ATTENDIN stoined by CTOR: After	T3 (1)		21. I certi	fy that (I) (this has eceased alive on	spital) attend	led the deceose	d from , and that	death accurred	, 19 <u>6€</u> , to a <u>₩ 43</u> /2 M	/— 3_ , fram causes		
IRE TE	age 3 sho filed with	8	22c. PHYSICIAN'S	Queena	190	Lunn	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE S	IGNED 2-66
Page 4 moy b	director, page should be filed	230	NAME (Type)	Tillman		ohnson,		Singe		e. Elk		
TO HC Page TO FU	should		REMOVAL (Specify Buris FUNERAL DIRECTO	1/24/0		Sharps		terv		r Hill		
VR A 20 N	15 (4)	1	Hicks/H	lome for	unera		ton,		FR 1	1966	cuarles	Judge

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funeral by the and 2 death. 24 5 Pages filled hours completely papers. 72 within carbon pug physi please attending and Then removal the 0 cremation, burial-transit aftending the PHYSICIAN: After this certificate 0 use prior detached for of Health ATTENDING be retained DIRECTOR: State Dept. 90 plnous OR with the m director, page 3 be filed with the HOSPITAL Page

VR A1S (4) 20M S-63

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY Cecil MARYLAND faryland eci b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give nearest town) 40.yrs. Elkton Elkton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X NO Chesapeake NAME OF 4. DATE OF Middle Dey Month Yeer DECEASED (Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdey) Months Deys WIDOWED 3 DIVORCED June 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Professional Cook France 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Peter Rostucher Josephine unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unkown) | (If yes give we ror detes of service) No Dorothy oseSeward 18. CAUSE OF DEATH [Enter only one cause per line, for (e), (b), end (c).] INTÉRVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: X 8215. IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which (b) geve rise to immediate cause DUE TO (a), steting the underlying cause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO TO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) While Not While factory, street, office bldg., etc.] Hour a.m. at work et work DANGERGA9. CAD, and that death occurred at A. R. M, from the causes and on the date stated above. 22e. SIGNATURE 22b. DATE ATTENDING STAFF SIGNED PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type Obenshain ace 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Holv Cross Cemetery Darby. 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE want for

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0060 CERTIFICATE OF DEATH and 2 death. funeral death. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. CDUNTY Pages 1 a b. COUNTY after Cecil Md. Cecil MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b oon papers. Pag within 72 hours hours Cecilton. Cecilton Ξ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE filled DN A FARM? YES ND X within etely carbon First NAME DF Middle Last 4. DATE Month DECEASED 19 66 (Type or print) S. Mooris compl John DEATH 31 January executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH -emove 7. MARRIED X NEVER MARRIED last birthday) | Months | Days Hours and any August, 10, 1901 Male Colored WIDDWED DIVORCED 10a. USUAL OCCUPATION (Glye kind of work done) 12. CITIZEN DF WHAT Ξ 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please COUNTRY? during most of working life, even if retired) INDUSTRY U.S.A. Md. Farm Labor Farming. certificate 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal Cassey Sterling Spencer Mooris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address ed by the aftenc transit permit. cremation, or r death John Mooris. 639 S. 3rd St: Camden. N.J. 219-28-5387 No. burial transit INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] The law requires that the ONSET AND DEATH DEATH WAS CAUSED BY: Arteriosclerotic Heart Disease. attending physician. IMMEDIATE CAUSE (a) vears been signed DUE TO Conditions, If any, which certificate has been thed for use as the b ot. of Health prior to b gave rise to Immediate DUF TD cause (a), stating the underlying cause last. PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? ND YES the hospital this cerum-detached for PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work p.m. 19 1966, to 31 pluods 21. I certify that (I) (this hospital) attended the deceased from Jan Jan __ 1966, that (I) (we) last irector, page 3 should thould be filed with the saw the deceased alive on 31 Jan 66 19 and that death occurred at 10. M. Compathe causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. PHYS. PHYS. HOSPITAL PHYSICIAN'S **ADDRESS** 22c. director, p NAME (Type) Wallace Obenshain. M.D. Cecilton. Md. 21913 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, Burial (Specify) 9 Feb. 5, 1966 Still Pond Cemetery. Still Pond. Kent Co: Md. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 30 lander VR A15 (4) 20M 1/65

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it accessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any element within 72 hours after death.

> VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1		00608 MEDICAL E	XAMINER'S	CERTIFICATE C	OF DEATH	00598			
	1.	PLACE OF DEATH a. COUNTY Cecil	MARYLAND	a. STATE Md.	on: Residence before admission)				
		write BURAL and give nearest town)	D.O.A.	Perry	URAL and give nearest town)				
9		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital	d. STREET ADDRESS Front	e, is residence on a farm? yes \(\text{No } \(\text{D} \)					
		NAME OF DECEASED (Type or print)		reston 4	DATE Month OF DEATH	26 1966			
		M. WIDOWED	NEVER MARRIED 8	1-18-23	42 last birthday) Mon				
	dur	USUAL OCCUPATION (Give kind of work done industry most of working life, even if retired) Retired - Laborer Hos	TRY	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?			
	13.	13. FATHER'S NAME Ernest Treston 14. MOTHER'S MAIDEN NAME EM Tohnson							
		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT (Yes, no, er unkown) (If yes give war or dates of service) 3 18. 1942-45 219-18-2972 Mrs. Mable Preston (wite) Perryville, Md							
		4) 11	r (a), (b), and (c).]	interction,	Acute	INTERVAL BETWEEN ONSET AND DEATH			
7		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TD (b) DUE TD (c)							
	CATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING Obesity	SE CONDITION GIVEN IN PART	19. WAS AUTDPSY PERFORMED? YES NO					
	CERTIFI	20a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	RIBE HOW INJURY DCCU	RRED. (Enter nature of Inju	ry in Part I or Part II of Ite	m 18.)			
	MEDICAL CERTIFICATION	20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 While at work	20f. (City or town)	(County) (State)					
	p.m. 19 at work at work								
		ACTUAL John 13	AMINER L EXAMINER XAMINER XAMINER	22. DATE SIGNED					
-		EXAMINER'S NAME (Type)	yers, Mib.	Address (Street, cit	y, town, or county)	Elkton, Md.			
		REMOVAL (Specify) 23b. DATE THEREOF 23c	T. Mark's	Cometern &	Terry ale,	The.			
6	24	Le Tatouran & ME	seuwil	le My FF B 3	1966 Julian	trar's signature			

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MARYLAND STATE DEPARTMENT OF HEALTH

	DIVISION OF STATISTICAL RESE		, 301 W. PRESTON STREET, BALTIMORE 1 E OF DEATH	, MARYLAND ~
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution a. STATE b. COUNTY	
	Cecil	MARYLAND		PLINGTON -
	 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RU	RAL and give nearest tow
	Perry Point	7 days	Arlington 23-5	3
	d. NAME OF HOSPITAL OR INSTITUTION (if not in I	nospital, give street address)		e. IS RESIDEN ON A FARM
	Vatarans Administrati	on Hospital	4852 Anlington Blud	YES NO

	Veter	ans Admini	istration	Hospital	4852	Arli	ngto	on Blvd		Y	ES	NO 1
3.	NAME OF DECEASED	F	irst	Middle	Last	4.	DATE	Month	n	Day	Yea	ır
	(Type or print)	1	VALTER	H.	SELTZER		DEATH	Janua		19	19	66
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9.	AGE (In years	IF UNDER	1 YEAR		
	Male	White	WIDOWED [DIVORCED	10-7-96		69	last birthday) yrs.	Months	Days	Hours	Min.
10a dui	a. USUAL OCCUPAT ring most of work	ION (Give kind of working life, even if retire	done 10b. KIND (OF BUSINESS OR TRY	11. BIRTHPLACE	(County &	state, o	r foreign country		OUNTRY		
]	Petroleu	m special	st 21.5	GOVT	Pueblo	. Co	lora	obe	-	II.S	. A .	

Unknown Helen Peters (D) 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes give war or dates of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO.

VA Hospital Records. Yes Unknown

Point. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic brain syndrome secondary to months

DUE TO subdural hematoma

Cenditions, If any, which (b) Pneumonia gave rise to immediate

cause (a), stating

underlying cause last.

DUE TO

20b.

21. I certify that OF (this hospital) attended the deceased from

DATE THEREOF

W. Chambers Funeral Home, Wash..

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)

JTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)			UTOPSY RMED?
	YE	s 🗌	NO X
DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.)			

MOTHER'S MAIDEN NAME

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

NAME OF CEMETERY OR CREMATORY

20f. (City or town)

(State) (County)

20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.

While at work Not While at work

1966 to Jan

66.

22a. SIGNATURE

ATTENDING PHYS. 22d. ADDRESS

22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 1-19-66

PHYSICIAN'S NAME (Type)

BURIAL, OREMATION,

REMOVAL (Specify)

13. FATHER'S NAME

REUS, M.D.

(State) (City, town or county)

FUNERAL DIRECTOR

23b.

REC'D BY REGISTRAR

and completely filled in by the funeral remove carbon papers. Pages 1 and 2 1 any event, within 72 hours after death. **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician. E the attending physician t permit. Then please r and or removal, director, page 3 should be detached for use as the burial-transit pern should be filed with the State Dept. of Health prior to burial, cremation, TO FUNERAL DIRECTOR: After this certificate has been signed by

CERTIFICATION

MEDICAL

VR AL5 (4) 20M 1/65

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF	STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM	ORE 1, MARYLAND
00610	CERTIFICATE OF DEATH	00800

7	UUOLU	CERTIFICATE	. OF DEATH		111111	
1.	PLACE DF DEATH	1	2. USUAL RESIDENCE (W	here deceased lived, If institution: Re	sidence before admission)	
1	a. CDUNTY Cecil	ALADVI AND	a. STATE Marvlan	b. county	17	
		MARYLAND c. LENGTH OF STAY IN 1b		de corporate limits, write RURAL		
	Perrvville	Life	Perryvi	770 17-1		
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS		e. IS RESIDENCE	
	Otsego Street		Otsego	Street	ON A FARM? YES NO	
3.	NAME DF First	Middle	Last 4.	DATE Month	Day Year	
	DECEASED (Type or print) Drew	G.	FNTMAN	DEATH Jan.	17. 19 66	
5.	OFF COLOR	NEVER MARRIED 8	. DATE OF BIRTH	19 AGE (In years IF IINDER 1		
	3.6 du vunouven E		Tame 70 700		Days Hours Min.	
10a	11	D OF BUSINESS OR	June 12, 189		TIZEN DF WHAT	
dur	Ing most of working life, even if retired) IND	USTRY	11. BIRTH LAGE (County)	CD	UNTRY?	
-	Conductor Penr	na RR	Maryland	U.S	ah.	
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N.	AME		
	Alexander J. Sentman		Addie H.	Gillespie		
15	. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SD (If yes give war or dates of service)	CIAL SECURITY NO. 17.	INFORMANT	Address	ALTRONO II	
(16		7-07-5877 Ma	rgaret W. S	entman Perryvi	ITTA MA	
	18. CAUSE DF DEATH [Enter only one cause per line		Thater M. 2	entman.	INTERVAL BETWEEN	
	PART I. DEATH WAS CAUSED BY:		0 . 1	+	ONSET AND DEATH	
	IMMEDIATE CAUSE (a)	recarde	al infa	reum	- nam	
	DUE TO DUE TO					
	Cenditions, If any, which (b)	S.C. VIL			200	
	gave rise to immediate (cause (a), stating the DUE TO					
	underlying cause last. (c)					
8	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTI	NG TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEAS	SECONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY	
PAT	Cancer &	1 0000	11/1/2		PERFORMED?	
CERTIFICATION	2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIPTION 2	SCRIBE HOW INJURY OCCUP	RRED. (Enter nature of injur	ry in Part I or Part II of Item 18.		
CEI	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
SAL	20c. TIME OF INJURY Month, Day, Year 2Dd. INJU	URY OCCURRED 20e. PLAC	E OF INJURY (Home, farm,	20f. (City or town) (Cour	nty) (State)	
MEDICAL	Hour a.m. While	- Not while	y, street, office bldg., etc.)			
Σ	p.m. 19 at work	at work	Sout of	4. 1	1 11 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	21. I certify that (I) (this hospital) attended) ept , 196	Z, to Jan , 196	that (1) (we) last	
	saw the deceased alive on	1966, and that	death occurred at 27	_M, from the causes and on th	JE SIGNED	
	22a. SIGNATURE		ATTENDING - MED.	STAFF STAFF	OE SIGNED	
	John J.	M.D.	PHYS. DIREC	CTOR PHYS.	1/66	
	22c. PHYSICIAN'S NAME (Type) TO 44	1414	22d. ADDRESS	RE Le GR	ACE MI	
23a	. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 2	3d. LOCATION (City, town or cou	nty) (State)	
1	Burial Jan. 13.1966	Hopewell C	emetery	Port Deposit.	Md	
24	FUNERAL DIRECTOR	ADDRESS	258. REC'D B'	Y REGISTRAR 250, REGISTRAR"	SIGNATURE	
) 1	mill fallens Van	Perryvill	e Ma DATAN 1	8 1956 Jeliante	Juage	
1/4	evaluation Port	- CITANIII	e Md WHU T	0 10001 //	4	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please empowe carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STA	TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, I	BALTIMORE 1, MARYLAND
00014	CERTIFICATE OF DEATH	00004

	1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
	Cecil MARYLAND	Md. Cecil
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Colora	Colora Rural 07-/
1-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
	(ON A FARM?
=	O NAME OF PLAN	
	3. NAME OF First Middle DECEASED	OF -
		Shank Death Jan. 8 166
Т	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Ast birthday) Months Days Hours Min.
1	Male White WIDOWED DIVORCED :	10-9-1888 77 yrs. Months Days Hours Mill.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR UNDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Supply Clerk Ret. U.S. Govt. Hos	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Comucal E Chanle	Rebeeca Brown
-	Samuel F. Shank 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFDRMANT Address
	(Yes, no, or unknown) ((If yes nive war or dates of service)	
-		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LORONARY	Thursons Stranker
	4201 DUE TO 1/1	(D) 0 10 - 10 10 10 10 10 10 10 10 10 10 10 10 10
	Conditions, if any, which \ (b) / then teusie.	(Ond o Coscal - Clores. 10gen
	gave rise to immediate	
1	underlying acuse look	in I Sole- ssis
		ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
1	TAKI II. OMBO SIGNI TOANI OOKBITTONO OOKI III. OOKBITTONO OOKI III. OOKBITTONO OOKBITTON	PERFORMED
0		YES NO 🔼
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PROPERTY OF	JRRED. (Enter nature of injury in Part I or Part II of Item 18.)
- 1		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA facto while p.m. 19 at work at work	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1	21 I certify that (I) (this hospital) attended the deceased from	7 - 19 to 7 - 9 195C, that (I) (we) last
	saw the deceased alive on 1966, and that	t death occurred at M, from the causes and on the date stated above.
4	22a. SIGNATURE	LOOP DATE CICNED
1	V/10/1/2. X//	D. ATTENDING MED. DIRECTOR PHYS. // 12/66
	22e. PHYSICIAN'S	1 22d. ADDRESS
	NAME (Type) G.H. Rishards Jr.	Port Deposit Md.
4		
	REMOVAL (Specify)	
	Burial 1-11-1966 Hopewell U	em. Port Deposit Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	24. FIMERAL DIRECTOR ADDRESS	[AN 1 1 4000 OT/4mails ()
8	From 6/1/ The Rising Sun	Md. DAFEN II 1966 Judge
V.		

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retoined by the hospitol or attending physicion.

VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	00612	?		CERTIF	ICATE	OF DEAT	ГН			()()	603	2	
1.	PLACE OF DEATH a. COUNTY	Cecil		MARY		2. USUAL RESID a. STATE		ere deceased 71and			ce before	e admissia	in)
	b. CITY OR TOWN (write RURAL on	If outside corparate limi d give negrest tawn) KCON	ts,	c. LENGTH OF STAY IN 2 We	- 11	c. CITY OR TOWN			limits, write	RURAL and give	e neares	7 - 1	
		ion Hospi		give street address)		d. STREET ADDRE	ESS					ON A FA	ARM?
3.	NAME OF DECEASED (Type or print)	GEOF	irst RGE	Middle THOMAS	SHE	Last LDON	4	A. DATE OF DEATH		Month uary	Day 28	, 19 C	
S.	sex Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED			1895	5	AGE (In years last birthday yr:) Months	Days	Hours	Min.
10 du	oa. USUAL OCCUPATION oring most of working Farme	N (Give kind af wark dane life, even if retired) T	10b. KI	nd of Business or Dustry L'arming			awaı	re	ign country)		TIZEN OF UNTRY?		
		James Hen	ry Sh	eldon				ME t Por					
		R IN U.S. ARMED FORCES? (If yes give war or dates	af service)	SOCIAL SECURITY NO. 20-30-236		formant [rs. Ir	ma 1	M. Sh		^{ddress} n Port	Md He	rmar	1
	1B. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Anytin							INTERVAL BETWEEN ONSET AND DEATH					
	Conditions, if ony, which gave rise to immediate couse (o), (b) Clubral Mubalion						6 centles		ites				
	stating the underlying couse (c) Coronny Lunuleurs							?	1				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOF PERFORMED YES N												
CERTIFICATION	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MFDICAL	20c. TIME OF INJI Hour a.r p.r	10	20d. It While at wart			OF INJURY (Ham y, street, affice blo t		20f.	(City or town		unty)	Ì	State)
	21. I certify that (I) (this haspital) attended the deceased from for 1966, 1966, to for 25, 1966, that (I) (we) los saw the deceased alive an 1966, and that death accurred at 11774M, from causes and an the date stated above												
	22a. SIGNATURE ALL MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR 1/39/66.												
01	/NAME(Type	Rolanda		ajera M.I		105 E	·Un	S 50	7 · E	Ken	, 6	est "	1
	BURIAL, CREMATIC	Feb.		Bethel		etery	DEC'D 5	Beth		Maryla			tate)
)	W. H. P		VERAL	HOME /2/Qu	El	kton	FEB	Y REGISTRAL	966	REGISTRAR'S S	20	udge	_

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	THE PERSON NAMED IN	To prince!			
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u				4	
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Set I					
			E40		
		Section Management			
					BANKE T

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death. Page 4 (2) be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence be	ore edmission)				
Cecil	o. STATE Delaware N.C.					
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neeres	t town)				
write RURAL and give neerest town) Ches a nealze City 6 months	Newark 46-3					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	7 6	IS RESIDENCE				
		ON A FARM?				
Morgan Nursing Home		б □ ио □				
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey .	Yeer				
(Type or print) Amelia K.	Short January 18.	19 66 _				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		NDER 24 HRS.				
Female White WIDOWED DIVORCED	reb. 14, 1887 78 yrs. Months Deys Hou	ırs Min.				
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WH	AT COUNTRY				
done during most of working life, even if retired)	TT C	٨				
Housewife	Nebraska U.S	• H •				
Eugene P. Feucht	Amanda Kern					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give wer or dates of service)	INFORMANT Address					
	s. Marie C. Stewart, Newark, De	7.				
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVA	L BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Resulted	,	week				
33/X DUE TO	8 , seurrout					
Conditions, if eny, which geve rise to immediate cause	inpusselles.					
(e), steting the underlying DUE TO						
ceuse lest. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. W	AS AUTOPSY ERFORMED?				
13 Rheematic Heart dise	YES	ON X				
	D. (Enter neture of Injury in Pert I or Part II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PL.	ACE OF INJURY (Home, ferm, † 20f. (City or town) (County)	(State)				
Hour e.m. WhileNot While	tory, street, office bldg., etc.)					
	7 100					
21. I certify that (I) (this hospital) attended the deceased from	May 10 , 1938 to glass, 8 , 1960, that	., . ,				
saw the deceased alive on July 1966, and that	t death occured at LAOM, from the causes and on the date s	tated above				
220. SIGNATURE	ATTENDING / MED STAFF 7 /	22b. DATE				
Hollocem Loturson	A.D. PHYS. DIRECTOR PHYS. 1	20/66				
22c. PHYSICIAN'S	22d. ADDRESS	-0				
NAME (Type) Wallace M. Johnson	D 257 & Man st Revark D	ela				
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)				
REMOVAL (Specify)	17 1 2 7					
	ristiana Cemetery, Newark, Del. 253. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE					
The state of the s	TED 1 1100 MM. 11 O					
Hicks Home for Funerals, Elkton	1. Md. DATE FEB 1 1966 fellaring	noge.				

2 61090 THE TAX OF A PROPERTY OF A SECOND STATE OF with the same of the contract of the later o

	MARYLAND STATE DEPARTME	ENT OF HEALTH
DIVISION OF STA	TISTICAL RESEARCH AND RECORDS, 301 W. I	PRESTON STREET, BALTIMORE 1, MARYLAN
00011	CEDTIFICATE OF I	DEATH OSCI

	UU014	•		EKIIFIU	AIE	OF DEAT	Н				$\Pi\Pi$	illa	
A.	PLACE DF DEAT	Н				2. USUAL RESIDE		deceased li			esidence	before ad	mismon)
C	ecil			MARYLAN	n	Virgini	ia		b. COUN	ITY			
	b. CITY OR TOW	/N (if outside corporate limi	ts, c. LE	NGTH OF STAY IN		c. CITY OR TOWN (corporate	limits, wr	te RURAL	and gly	e neares	t town)
I	Perry Po	and give nearest town)	1.		231	Falls C	hurch	h	83	- 3			
		SPITAL OR INSTITUTION (if a	1 0		-	d. STREET ADDRESS			6 1/		0.	IS RESI	DENCE
J		Administrati				6807 J	palle	n Dri	ve			_	NO 🗌
3.	NAME DF DECEASED	First		Middle		Last	4. DA		Month)	Day	Yea	
	(Type or print)	EDWIN		M .		JOHOLM SF	R DE	ATH	Janua			10	66
5.	SEX	6. COLOR OR RACE 7. MA	RRIED NE	EVER MARRIED] 8.	DATE OF BIRTH	-274	9. AGE	In years Irthday)	IF UNDER	1 YEAR	Hours	Min.
	Male	White wi	OOWED T	DIVORCED	7	2-8-91		74	yrs.	Monus	Days	nours	191311.
102	I. USUAL OCCUPAT	TION (Give kind of work done ling life, even if retired)	10b. KIND OF			11. BIRTHPLACE (County & St	tate, or fore	ign country) 12. C	ITIZEN C	F WHAT	
uu.	Electri		INDUSTR			Topeka,	Kans	sas		"	U.S		
13.	. FATHER'S NAM	IE			1	14. MOTHER'S MA	•						
	John S	ioholm (D)			Emma (U	Jnk)		(D)				
	. WAS DECEASED	EVER IN U.S. ARMED FORCES?	16. SOCIAL	SECURITY NO.	17. IN	FORMANT	,		Addres	SS			
(40	Yes	(If yes give war or dates of service		nown	VA	Hospital	Recoi	rds.	Parr	v Poi	nt.	Md.	
-		DEATH [Enter only one caus			4 22	HOBPIOGE	11000	,	2 011,	, = 0 =	INITED	WAL DET	DAVEEN
		EATH WAS CAUSED BY:			1 2	bilatera	7				ONSE	T AND D	EATH
	260.	IMMEDIATE CAUSE (a)	DI OHCH	pheamon	ra,	DITACETA		fih	rosis	,		LO de	2,5
	Conditions, If	DUE TO	A	7	å 1								-
	gave rise to	Immediate /	arterio	screrot.	TC 1	heart dis	ease	W/ III y	ocar c	Tal	um	cnow	0
	cause (a), s		D	22.							de	- 6	
NO	Underlying caus	se last. (c) SIGNIFICANT CONDITIONS CO		es melli		TO THE TERMINAL	DISFASEC	ONDITION	CIVENIN	PART 1(a)	119.	WAS AU	TOPSY
ATI(WINDOWN OF	DUCKING	IVELOTIC	D TO THE TERMINAL	LDISCHOLO	ONDITION	OTT EIT III	ran z(u)		PERFOR	MED?
IFIC		insons diseas		DE HOW INDIVIDI	OCCUPE	RED. (Enter nature	of Inlury In	n Dart 1 or	Part II o	f Itam 19	1	SK I	NO [
ERT	OR CONTRIBUTI	ING □ CAUSE OF DEATH	ZUU. DESCRI	DE HOW INJUNT	JUUUKN	CED. (Enter nature	of mijury m	I Part I UI	Part II 0	I Item 10	.)		
0		TIFY MEDICAL EXAMINER)	An I IN HIRW	000110050 100		A	4 1 000	to to the second	10.00	10		/0	4040)
MEDICAL CERTIFICATION	2Dc. TIME OF Hour a.r	INJURY Month, Day, Year	2Dd. INJURY		PLACE actory,	OF INJURY (Home, street, office bldg.,	farm, 201 , etc.)	f. (City or	town)	(COL	inty)	(5)	tate)
ME	p.1	-	at work a	t While									
		fy that (X (this hospital)					1961,						
		XXXXXXXX evolution based of	XXXXXX	bneXXXXXK	that d	leath occurred at.	7:0M	from the	causes	and on t	he date	stated	above.
	22a. SIGNATUI	RE	200			ATTENDING -	MED.	etin eti	AFF	22b. D			
		12. L.	MA	oney	M.D.	PHYS.	DIRECTOR	R PH	Ys. 🖈	1	-20-	-66	
	22c. PHYSICIA NAME (T)	vpe)		-	-	22d. ADDRESS		Doint	Ma				
			ONEY, 1			VAH, Pe							
232	BURIAL, CREM REMOVAL (Spo	eclfv)		NAME OF CEME				LOCATIO			inty)	(Sta	ite)
	Removal	1124/66		t. Jame	s C	emetery	St	rass	burg	, Il	lin	ois	
24	. FUNERAL DIRE	FIOR - 4. //W	7/2/17		-	inia 25a. R	EC'D BY RE						
]	Robert J	. Murphy Fune	ral ito	me, Arli	ngt	on, DAVE	124	1966	SEL	wonda	. 0	100	

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Many Complete Street States 111 Fronts

	MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF	F STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH

1/10061	5		CERTIFICATE	OF DEATH			1)	116115	
1. PLACE OF DE	ATH			2. USUAL RESIDENCE	CE (Where dec	eesed lived, If	institution: Res	idence bafore	edmission)
a. COUNTY				e. STATE		b. COUN			
Ceci			MARYLAND	Maryla			Cecil		
	NN (if outside corporete lin Lend give nearest town)	mits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	t outside corpo	rete limits, write	KUKAL end	live neerest to	ownj
- CON 191	kton		30 vrs.	Elkton				0	77/
d. NAME OF H	OSPITAL OR INSTITUTION	(if not in he	ospitel, give street eddress)	d. STREET ADDRESS					RESIDENCE
D	7) 1			D D 11	1			YES T	NO P
3. NAME OF	D • 4		Middle	R.D. #	4. DATE	Month		Dev Ye	er
DECEASED				C 1	OF			-	
(Type or print)		ley	P.	Snodgrass	DEATH	Janu			966
5. SEX	6. COLOR OR RAC	E 7. MARR	IED X NEVER MARRIED 6	. DATE OF BIRTH	9.	AGE (In yeers lest birthdey)			ER 24 HRS.
male	White	WIDOW			888	77 yrs.		eys Hours	Min.
10a. USUAL OCC	JPATION (Give kind of wo	ork 10b.	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or f	oreign country)	12. CITIZ	EN OF WHAT	COUNTRY?
	armer	ired)	Farming	Virgin	10		II	S.A.	
13. FATHER'S NA		1	Falming	14. MOTHER'S MAIDEN				Den	
- 1	~ 1				100000	100 PM			
	n Snodgras			Alice E	. Kell	У			
	D EVER IN U.S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT		Address			
No			233-10-3660	Mrs. Birdi	A 5 5	Snadar	agg T	Platon	Ma
18. CAUSE	OF DEATH [Enter only or					and my section of	, , ,	ONSET AN	ETWEEN
PART I.	DEATH WAS CAUSED BY:		epTIC emII	2				ONSE! ANI	DEATH
1	IMMEDIATE CAUSE ((5	epi com	1					
60	DUE TO					-			
		b) C	heonic uri	ARY IRA	01 12	rect.	100	570	445
	he underlying DUE To	0							
ceuse lest.		c)						- 20.3	
			NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE C	ONDITION GIV	EN IN PART 1	(a) 19. WAS	AUTOPSY
ZOO. ACCIDEN OR CONTRIBU								YES T	FORMED?
5						40.1		1152	NO ST
OR CONTRIBU	IT WAS UNDERLYING [SCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Peri I or Peri II	of item 18.)			
U (IF EITHER, NO	TIFY MEDICAL EXAMINES	R)							
Z 20c. TIME OF	INJURY Month, Dey, 1	Yeer 20d		CE OF INJURY (Home, fern		or town)	(Count	у)	(Steta)
20c. TIME OF		Whi	THOU WE WILL THE	lory, street, office bldg., etc.	.)				
	o.m. 19								
			nded the deceased from.						
saw the de	ceased alive on	ecem so	4. 8. 19.65., and that	death occured at 5.	A.M. from	the causes	and on th	e date stat	ed above.
22e. SIGNAT	QRE / /	1//	7					2	25. DATE
11/1	115/	19	7 12-1		MED. DIRECTOR	STAFF PHYS.	7	12/00	SIGNED
22c. PHYSICI	AN'S	00	W /	22d. ADDRESS				10/00	,
NAME (Type)	MD		Elkton Me	d Drk	- Fikt	on Md		
	ert L. Gray,								
23a. BURIAL, CRE	MATION, 23b. DATE TH	IEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCA	TION (City, to	wn or,county)		(Stete)
Burial	1/10/	66	Gilpin Mand	r Memorial	Park	Elkt	on Mo	3	
	CTOR'S SIGNATURE /	1/2	ADDRESS	25e, REC	D BY REGIST	RAR 25b. RE	GISTRAR'S SH	GNATURE	
1 my	NO DAS	The same	als, Elkton,	Md. DAAN	1 1 3 19	366 80	lunder	Judge	2
HIGKS	Home Ior F	aner.	ars, Erraon,	THE PARTY	10	1		10	

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Seminary P. Smodernes Constitution

Control of the Contro

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Rictor L. Gray, M.O. Bilton Med. Prk. - Elkton, Md.

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funeral

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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ERTIFICATE	OF DEATH			()	UF	ME
2.	USUAL RESIDENCE	(Where deceesed li	ved, If institution:			
	CTATE	L.	COLINITY			

1966

111010					
1. PLACE OF DEATH a. COUNTY			E (Where deceesed lived, If is		ore admission)
Cecil	MARYLAND	e. STATE	b. COUNT	0.0	
	GTH OF STAY IN 1b	c. CITY OR TOWN: III	outsida corporete limits, write	CCCII RURAL end give naeres	it town)
write RURAL and giva neerast town)					
	minutes	Rural -	Elkton, R.	D. 1,	IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give	e streat address)	d. STREET ADDRESS			ON A FARM?
Union Hospital				YES	S NO
3. NAME OF First DECEASED	Middle	Lest	4. DATE Month	Day	Yeer
(Type or print) FRANK	ANDREW	STANLEY	DEATH January	7 23	19 66
5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED B.	DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF U	NDER 24 HRS.
Male White WIDOWED		une 15. 189	last birthdey)	Months Deys Hou	urs Min.
		,	& State, or foreign country)	12. CITIZEN OF WH	AT CÔUNTRYS
dona during most of working life, even if ratired)					
	m. Industr	y Lafayet	te, La.	U. S.	A .
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		
Frank Andrew Stanley	E STORY	Unknown			1
	SECURITY NO. 17. 11	NFORMANT	Address	Elkto	on. Ma
(Yes, no, or unkown) (If yes give wer or detes of service)	Mr	s. Frankie	Harris Star	nley, R.D.	. j
18. CAUSE OF DEATH [Enter only one ceuse per line for (a					L BETWEEN
DARTI DEATHLY/AC CAUSED BY	,	11 /		and the same of th	AND DEATH
IMMEDIATE CAUSE (a) Caronar	1 GITTERY	thrombosis		1 mi	med.
4201 DUE TO					
Conditions, if eny, which \ (b) Corona	ry artery	- Sclerosis	5	TE.	215
geve rise to immediate causa					
cause lest.	tensive !	Cardiovescu	lan Discese	Tee	
1-1			AL DISEASE CONDITION GIVE	N IN PART 1(a) 19. W	AS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				YES [PERFORMED?
	OW INTERVOCCUES	(Enter neture of injury in Pe	est Los Port II of item 18 \	1153	7 140 13
OR CONTRIBUTING CAUSE OF DEATH	JW INJURY OCCURED.	(Enter neture of injury in re	arr t or ren it or nem is.,		
	Print the second				
20c. TIME OF INJURY Month, Day, Year 20d. INJURY C	P	E OF INJURY (Home, farm, ry, streat, office bldg., etc.)	20f. (City or town)	(County)	(Stata)
	While racio	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
21. I certify that (I) (this hospital) attended the	a deceased from	10	062 to 1-2.	3- 1066 that 1	(I) (we) last
saw the deceased alive on					
	19.9, and that	death occured av	7.7M, from the causes a	ind on the date st	22b. DATE
22a. SIGNATURE		ATTENDING ME			SIGNED
Illean them	ecc M.	J	RECTOR PHYS.		1-27-60
22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	1 1 - 1		
Tillman Q Johnson	n M-1)	123 Dinger	ly Ave, ElA	Ton, Md	
	NAME OF CEMETERY C	R CREMATORY	23d. LOCATION (City, tow	n or county)	(Stata)
Cremation Jan 27/66 Si	Twerhrook	Cemetery	Wilmington	Del	awara
24 FUNERAL DIRECTOR'S SIGNATURE	TODRESS -	1	D BY REGISTRAR 25b. REG		11010
Aalpha	Elkton	EED	1 1000	lisula, Jud	0.2
Hicks Home for Yunerals,	وتناناناتانانا	DATEL D	4 1966	The state of	

death. Page 4 has be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

FOR STATE HEALTH DEPT.

ID DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1.2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. TO DEPUTY MEDIC

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TMENT OF HEALTH

	TAINAGE	THE THE COURT OF THE PARTY OF T	
Division of STA	ATISTICAL RESEAR	3. 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
00617	MEDICAL EXA	ER'S CERTIFICATE OF DEATH	1311

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
a. COUNTY GEC/L MARYLAND	a. STATE DEL DE LASTLE
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
write RURAL and give nearest town)	NF 105 24 11 3
FLATON, MD POA,	d. STREET ADDRESS 0. IS RESIDENCE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
UNION HOSPITAL	R. D. # 2 YES NO X
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) LOUIS EDWARD T	HOMPSON DEATH 1 3 1966
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
WIDOWED DIVORCED	9-14-1894 71 yrs. Montals Days Hours
10a. USUAL OCCUPATION (GIVA kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
CARPENTER CONSTORIJON	WILM, DEL. U.S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM T. THOMPSON, SR.	ALICE HAIRTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address NEWARK
(Yes, no, or unkown) (If yes give war or dates of service)	
	ARY ANN THOMPSON DEL
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e) AUDITA	
4201 DUE TO . X.	+ Till a lank
Conditions, If eny, which (b) Cut dry (prom	my tailine anown
gave rise to immediate ceuse (a), steting the DUE TO	
underlying cause last. (c) Carrying or	my curry union
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORT THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORT THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORT THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORT THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORT THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORT THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORT THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORT THE SIGNIFICANT CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO BE STORT THE SIGNIFICANT CONTRIBUTIONS CONT	TED TO THE TERMINAL DISEASE COMDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO NO
20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
CAUSE OF DEATH.	Charles (Charles)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bidg., etc.)
Hour a.m. p.m. 19 While Not Whila at work at work	
21. I certify that I took charge of the remains described above, hel	d an Autopsy [], Inspection [], Inquiry [], and in my opinion
death resulted from: Natural causes , Accident , Suid	cide . Homicide . Undetermined manner
	CHIEF MEDICAL EXAMINER
SIGNATURE Falmish Unjury	M.D. ASSISTANT MEDICAL EXAMINER 22. DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER
EXAMINER'S POLANDO NATERA.	Address (Street, city, town, or county)
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
BURIAL (Specify) 1-6-66 ARLINGTON	NAT. FT. MELER , WA.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
PIPPIN FUNERAL HOME . ELE	TON DAVAN 4 1966 flearles Judge
ELLIN LONERHY HOWE ETT	ND DAYE

VR AISME (5) 5M 1/65

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THE REPORT OF THE PARTY OF THE

	חופואות	M OL SIVIL	STICAL	KESE	AKUN AND KE	LUKDS,	301 W. FRE	3101	A SIKE	I, DALITH	UKE I, I	MARTI	TAIAD	
	00618				CERTIF	ICATE	OF DE	ATH				001	508	
1.	PLACE OF DEAT a. COUNTY	Н						IDENCE	E (Where de	ceased lived, If		tesidence	before ad	mission)
	Cecil				MAF	RYLAND	a. STATE	vla	nd	b. CO	Cecil			
	b. CITY OR TOW	N (if outside cor	porate lim	its,	c. LENCTH OF ST.					rporate limits,			e neares	t town)
		and give neares	t town)		35 day	5	DT	4.1	77		1 -	1 _ /	/	
-	d. NAME OF HO	Point	TITION (if	not In h	ospital, give street		d. STREET ADD		East		0/	16	. IS RESI	IDENCE
					on Hospit		d, ornazi noo						ON A F	ARM?
3.	NAME OF		First		Middle		Last		4. DATE	Mor	th	Day	Yea	r
	(Type or print)		GREE	K		TT	CKER		OF DEAT	H Januar	v 7	10	19 (66
5.	SEX	6. COLOR OR R			NEVER MARRI		. DATE OF BIRT	TH	19.	ACF (In year	SLIFTINDER	1 YEAR		
	Male	What to		DOWED			7 27 0	6		last birthday) Months	Days	Hours	Min.
		White			IND OF BUSINESS		3-21-9		unty & State	69 yrs.	hrv) 12 C	ITI7EN	OF WHAT	-
dur	ing most of work	ing life, even if r	etired)	1	NDUSTRY	OIL .	11. Diki ili LA	OL (OU	unity of June	., or rolling toour	C	OUNTRY	?	
	Farmer			Fa	rming		Rugby	, V	irgin	ia		U.S	·A.	
13.	. FATHER'S NAM	1E					14. MOTHER'S	MAIDE	EN NAME					
	Samuel I	Tucke:	r (D)			Emma	Wal	ton	(D)				ш
15	. WAS DECEASED	EVER IN U.S. ARM (If yes give war or d	ED FORCES	? 16.	SOCIAL SECURITY	VO. 17.	INFORMANT	KIR	- V	Addı	ess			43.17
(1 1	Yes	WW I	ates of service		5-24-6748	37.0	Hospit	al .	Dagan	de Der	ry Po	int	MA	
-			ly one cau	. 2000	ine for (a), (b), and		повртс	al.	MECOI	40, 161	17 10		RVAL BET	
		EATH WAS CAUSE						770	200				Sud C	EATH
	1/0	IMMEDIATE CA		ACI	ute cardi	ovasc	ular co	TTG	pse,			-	Suu	den
	420		DUE TO											
	Conditions, If		(b)	ACI	ute myoca	rdial	infarc	tio	n			2-3	5 hor	urs
	gave rise to cause (a), s		DUE TO									13		
	underlying caus		(c)_	Ar	terioscle	rotic	heart	dis	ease			Unl	know	n
ION	PART II. OTHER	SICNIFICANTON		ONTRIB	UTING TO DEATH BUT	TNOTRELAT	TED TO THE TERM	INAL DI	ISEASE COM	NDITION CIVEN I	N PART 1(a)	19.	WAS AU	TOPSY
A	ROW CON	•	B291	747							V-1	VE	PERFORI	NO T
Ĕ	20a ACCIDENT	WAS UNDERLYIN	СП	20b.	DESCRIBE HOW INJ	URY OCCUI	ORED (Enter nat	ura of	Injury In P	art I or Part II	of Item 18		K	
¥	OR CONTRIBUT	INC CAUSE OF	DEATH	200.	DEGORAGE HOW THIS	OKT 00001	tites: (Entor nat		111,017 111 1	4101141	01 110 20	"		
2				0011	WILLIAM COOLINGES	100 0110	- 05 10 110 41		1 005	(011	(0.0)	· mA.	/6	tata)
2	20c. TIME OF Hour a.i	INJURY Month,	Day, Year		NJURY OCCURRED	factor	E OF INJURY (Ho y, street, office b	ome, rar	c.) 201.	(City or town)	(00)	unty)	(5	tate)
ME	p.i		19	While at wor										
	21. I certi	fy that 30 (this	hospital)	attend	ed the deceased	from De	c. 6	19	65_ to	Jan. 1	0.196	6. th	abdit in	e)xlasi
	saw the da	coased alive on	VVVVV	vvv	xxxx¥xxxx	and that	death occurre	d at 8	: 30M. fr	rom the cause	s and on t	he date	stated	above
	22a. SICNATU	RE	NAME OF STREET	ALIANA.	1717171717171				am		22b. D	ATE SIC	NED	
		0 1	. W	1	ma 041	M.D.	ATTENDING PHYS.	I M	MED.	STAFF PHYS.	7	-10-	-66	
	22c. PHYSICIA	AN'S		Lo	The state of the s	MI.U.	22d. ADDRE		IRECTOR 1	11113. 2			00	
	NAME (T	ype) A. I	. MO	ONE	M.D.		VAH.	Per:	ry Po	int. Mo	1.			
232	BIIDIAI CDEL		ATE THERE		23c. NAME OF	CEMETERY				OCATION (CITY.		untvi	121	ate)
36.2	BURIAL, CREM REMOVAL (Sp	ecify)	AIE INERE	.UF								unty	(31	utoj
0.0	Burial		3/66	0	Darling	Zon !	Cemeter	PEO!		rlingt		IC CON	ATLIDE	
	FUNERAL DIRI	ARC	ph.	6	on, Mary	0.	258	. REC	. 0					
1	Hicks Fu	neral He	ome, .	LLKt	on, Mary	Land	DAT	rel N	101	956 12	"housely	In le	idal.	

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Laving Commencer States of the commencer Leffing a companion of some of The state Command and the control of the Command of the control of ANDOUG The state of the s SERVICE LAS Amendation of the Control of the Con OI .= 20 7. 20. 2 1.58 the first of the first of the X feet your THE COUNTY IN THE COUNTY Comment to • [Total Cont. " . The Printer and I certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OR 19
CEPTIFICATE OF DEATH

UUULU		CLKIIII	CAIL OI	DEATH			UUU	UN	
1. PLACE OF DEATH a. COUNTY Cecil		MARYL	a.	SUAL RESIDENCE STATE TIllinoi		b. COUNTY	on: Residenc	e before adr	nission)
b. CITY OR TOWN (if outs write RURAL and give Perry Point	de corporate limits, nearest town) Marviand	c. LENGTH OF STAY		Y OR TOWN (If Riverda	outside corpo	prate limits, write Ri	JRAL and g	ive nearest	town)
d. NAME OF HOSPITAL OR	INSTITUTION (if not in	hospital, give street ac	ddress) d. STF	REET ADDRESS) - \	1	e. IS RESI	DENCE
Veterans Adm	ministration	Hospital	1	14305 S.	Parnel	1		ON A FA	NO I
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Month	Day		
(Type or print)	Menno		Van Bolh		DEATH	January	19		
Male Whit		D NEVER MARRIED DIVORCED	-	OF BIRTH	9.	AGE (In years IFUN Mont	ths Days	Hours	Min.
ioa. USUAL OCCUPATION (Give a during most of working life, ex	(Ind of work done ven If retired)	KIND OF BUSINESS OR INDUSTRY	1079	Chicago,			COUNTR' U.S.	Y7.	
13. FATHER'S NAME		100		MOTHER'S MAID		20	0,2,		
Unknown				Unknow	'n				
15. WAS DECEASED EVER IN U. (Yes, no, or unknown) (If yes give		S. SOCIAL SECURITY NO.	. 17. INFORM			Address			-
		Jnknown	VA Hos	spital F	lecords	Perry Poi	nt, Mo	d	
18. CAUSE OF DEATH [E		line for (a), (b), and (c).]					ERVAL BET	
PART I. DEATH WAS	CAUSED BY: Pu	lmonary ede	ema, acu	ite, mo	derate			days	
260X	DUE TO								
Conditions, If any, which		teriosclero	otic hea	ert dis	ease, s	severe	У	ears	-
gave rise to Immediat cause (a), stating th	e DUE TO								
underlying cause last.	(0)	abetes mell			10510500110	TION OUTEN IN DADT	1(0) 110	, WAS AUT	TODEV
PART II. OTHER SIGNIFICAL	NT CONDITIONS CONTRIL	BUTING TO DEATH BUTN	OT RELATED TO	HETERMINAL	DISEASE COND	II ION GIVEN IN PARI		PERFORM	NED?
PART II. OTHER SIGNIFICATION 20a. ACCIDENT WAS UND OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDI	ERLYING 20b. USE OF DEATH ICAL EXAMINER)	DESCRIBE HOW INJUR	RY OCCURRED. (Enter nature of	f Injury in Par	t I or Part II of Iter	n 18.)		
ZOC. TIME OF INJURY N Hour a.m. p.m.	fonth, Day, Year 20d. While 19 at wo	e Not While	Oe. PLACE OF II factory, stree	NJURY (Home, fa t, office bldg., e		lty or town)	(County)	(St	tate)
21 certify that (I)	(this hospital) atten	ded the deceased fr	om Augu	st 5 , 1	9 47, to	Jan. 19, 1	9 66,		ødet
x sacreted accept		OCOCOCOCO, a	nd that death	occurred at	J: L MIN ror	n the causes and	on the da	te stated	above.
22a. SIGNATURE	aux R	Berley	M.D. PHY	s.	MED. DIRECTOR	STAFF PHYS.	1-20-		
22c. PHYSICIAN'S NAME (Type)	NNA R. BERN	KY, M.D.		. ADDRESS /AH, Pe:	rry Po:	int, Md.			
23a. SURIAL, CREMATION, 2 REMOVAL (Specify)	3b. DATE THEREOF	23c. NAME OF CE	METERY OR CRE	MATORY	23d. LOC	ATION (City, town o	r county)	(Sta	ate)
Removal	1-24-1960		e Nation	nal (em	. Bal	timore, Ma	aryla	nd	
24. FUNERALD DIRECTOR Patterson Fur	neral Home,	ADDRESS Perryville	e. Md.	DATE N	1	FRAR 25b. REGIST	0 0	udge.	-715
							- 11	- 17	

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0	00000			OLIVIII IOATI	L OI DEAIL				- 11	UID	111	
7.	PLACE DF DEATH	1		S S Solid FER	2. USUAL RESIDEN a. STATE	ICE (Where	deceased	lived, If inst		Residence	before ad	mission)
	Cecil			MARYLAND	Maryla	and			H	arfo	ord	
	b. CITY OR TOW write RURAL	N (if outside corporate limi and give nearest town)	ts,	c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (I	f outside	corporate	e ilmits, wri	te RURA	L and gi	ve neares	t town)
	Perry	Point		5 days	Joppa				1	2 -	2	
	d. NAME OF HOS	SPITAL OR INSTITUTION (if n	ot in hos	spital, give street address)	d. STREET ADDRESS	3					. IS RES	DENCE
	Veter	ans Administr	atio	n Hospital	RD 1.	Box	220				ON A F	NO NO
3.	NAME OF	First		Middle	Last	4. DA	TE	Month		Day	Yea	г
	DECEASED (Type or print)	THOM	AS	E WHA	LEN JR.	DF DE	ATH ,T	anuar	v	12	196	6
5.	SEX		RRIED F		B. DATE OF BIRTH		IQ ACE	(In years	IETINDER			
	Male		OWED F	DIVORCED	8-3-11		54 last	birthday)	Months	Days	Hours	Min.
1Da	. USUAL OCCUPAT	ION (Give kind of work done	1Db. KI	ND OF BUSINESS OR	11. BIRTHPLACE (County & S	tate, or for		12. 0	ITIZEN	OF WHAT	
Gui	Chauff	Ing life, even If retired)		dustry Trucking	Baltimo	re	Marv	hasl		U.S.		
13.	. FATHER'S NAM			Tucking	14. MOTHER'S MAI			10.110		0 40	22	
	Thomas	E. Whalen Sr	. ((D)	Margare			(D)			
15	. WAS DECEASED	EVER IN U.S. ARMED FORCES?	1 16. S	` _	INFDRMANT			Addres	S			
(11)	Yes	WW II		L3-09-8252 VA	Hospital	Reco	rds.	Perr	v Po	int.	Md.	
		DEATH [Enter only one caus							-		RVAL BET	WEEN
		ATH WAS CAUSED BY:								ONS	ET AND D	EATH
		IMMEDIATE CAUSE (a)	DI.O	nchogenic car	rcinoma					2	mont	ns_
	1621	DUE TO								. 173		
	Conditions, If	any, which (b)										
	gave rise to	Immediate (
	cause (a), st	tating the										
z	underlying caus									140	WAS ALL	YODOY
CERTIFICATION	PARTII. DTHERS	SIGNIFICANT CONDITIONS CD	NIRIBUI	TING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE	OITIONOS	Ņ GIVEN IN I	PARI 1(a)	19. YE	PERFOR	MED?
4	20a. ACCIDENT	WAS LINDERLYING TO 1	2Db. DE	ESCRIBE HOW INJURY OCCU	RRED (Enter nature o	of Indury I	n Part I	or Part II of	f Item 18	3.)		
CERT	DR CONTRIBUTI	WAS UNDERLYING	LD0. D1	ESORIDE HOW HOOK! COOC	MALD. (LINE) HOLOTO	or myary m		or rait it of	20	,,,		
		INJURY Month, Day, Year	and IN	JURY OCCURRED 2De. PLA	CE OF INJURY (Home, f	farm 2D	f. (Clty	or town)	(Co	unty)	/9	tate)
MEDICAL	Hour a.m		While r		ry, street, office bldg.,	etc.)	i. (Oit)	or town,	(00	u,	10	1010)
ME	p.t		at work	at work								
		y that (I) (this hospital)						an. 1				
	sawxthexder	cessed adive on xxxx	XXX	xxxxx19cxxxxx and that	death occurred at	L:45M	from th	ne causes	and on	the dat	e stated	above.
	22a. SIGNATUI					a	m		22b. i	DATE SI	GNED	
		nexph	-	M.D	ATTENDING D	MED. DIRECTO	RIP	TAFF HYS.		1-12	2-66	
	22c. PHYSICIA	IN'S			22d. ADDRESS					-		
	NAME (T)	s. GOLDG	RABE	EN, M.D.	VAH, Pe	erry	Poin	t, Ma	•			
23a	BURIAL, CREM REMDVAL (Spo	ATION, 23b. DATE THERE	OF	23c. NAME OF CEMETERY		23d.	LOCATIO	ON (City, to	wn or co	ounty)	(St	ate)
	Burial	Jan. 15.1	966	Holy Cross	Cemetery	I A	A	Co. I	GISTRAI	and		
24	. FUNERAL DIRE	CTOR		ADDRESS Balto.,	M.d. 25a. RE	EC'D BY R		0000		-		
(George Gonce Fu	neral Home. 40	001	Gov. Ritchie	Hgwy DATE	17	1956	ACC	warlo	V Ja	oge	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	OOOM			OLIVIIII	0/11	. OI DEMIII				
1.	PLACE OF DEAT	ecil		MARYL	AND	2. USUAL RESIDENCE a. STATE	E (Where dece	ased lived, If Institu		nce before admission)
	b. CITY OR TOW	/N (If outside corpora	te limits.	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corp	orate limits, write	RURAL and	give nearest town)
20	Write RURAL	and give nearest toy	vn)			1 1	0	1 0 -	7 !	2
	ERRI	lou				rural-	Clyf	ard 1	5)
	d. NAME OF HO	SPITAL OR INSTITUTION	ON (if not in ho	ospital, give street ad	Idress)	d. STREET ADDRESS	0	4		e. IS RESIDENCE ON A FARM?
	Une	in Hoy	belat	a First JE		R.W. 3.	Offa	rd		YES NO
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DATE OF	Month	Da	ay Year
	(Type or print)	all	hert	C		Welson	DEATH	Han.	73	1966
5.	SEX	6. COLOR OR RACE	7 MARRIED	NEVER MARRIED	1 8		9.	ANE (In years IF	UNDER 1 YEA	AR IF UNDER 24 HRS.
17	m	1.1				0 110.	111	fast birthday) M	onths Days	Hours Min.
-	///	W	WIDOWED			1496.181	19 9	yrs.		
		TION (Give kind of work	done 10b. K	IND OF BUSINESS OR		11 BIRTHPLACE (C	ounty & State,	or foreign country)	12. CITIZEI	
qui	1	ling life, even if retire	(0)	DUSTRY	40.0	10. P	M.t.	To Pa	1/1	12
12	. FATHER'S NAW		CECC	recas congin	eer	14. MOTHER'S MAIL	CALL NAME	100 /00	u	
13	. FATHER'S NAW	1E	. 19			14. MUTHER'S MAIL	JEN NAME			
	Well	lam H. C	Velson	u	5.00	masse	y Ju	ven		
		EVER IN U.S. ARMED FO		SOCIAL SECURITY NO.	17.	INFORMANT	/	Address	TO THE	
C	es, no, or unkown)	(If yes give war or dates	of service)	10 31 37/	1 1	atten Si	20 h	カガー	Acres 6	01/12
	1 10 CALICE OF	DEATH FESSER Salves	1//	2-30-310	4/11	Maryn or	ulwa	runy	I IN	TERVAL BETWEEN
0.1		DEATH [Enter only on		70	1 /	. ()	• _		01	NSET AND DEATH
	PART I. D	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a)	Hypo.	STATI	c PHEUMO	nia			7 0615
	450	DUE		a // ,		- 44				
	Conditions, If			Generaliz	ed.	Atheroseler	03/5		1 3	5 years
	gave rise to	Immediate	(b)	00000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				1
	cause (a), s		. TO							
	underlying caus	se last.	(c)							
CERTIFICATION	PART II. OTHER	SIGNIFICANT CONDITI		ITING TO DEATH BUT N	OT RELAT	TED TO THE TERMINAL I	DISEASE CONE	DITION GIVEN IN PA		9. WAS AUTOPSY PERFORMED?
三	20a. ACCIDENT	WAS UNDERLYING	1 20b. E	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter nature of	f Injury In Pa	rt I or Part II of I	tem 18.)	
8	OR CONTRIBUT	ING CAUSE OF DEA	TH							
										101-113
S		INJURY Month, Day,	Year 20d. II	NJURY OCCURRED 2		E OF INJURY (Home, fa y, street, office bldg., e		City or town)	(County)	(State)
MEDICAL	Hour a.		While at work	Not While at work	14000	,, street, onles side., o		-	-	_
Σ	p.					12/12 .	066	1/23	10/6	Ab at //\ /wa\ laat
		fy that (I) (this hos	pital) attend				966, to_			that (I) (we) last
		ceased alive on	1/00/	1966, a	nd that	death occurred at 2	M, tro			
	22a. SIGNATU	RE UI	111	,		ATTENDING	MED		22b. DATE S	SIGNED
		Maus H	Hues	ner	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	1/23	166
	22c. PHYSICI		110 11	Illie Duc	0	22d. ADDRESS	4. 400	. a. 1	1,1	
	NAME (T	ype) KLA	12 14.1	HUEBNE	K	Nort	4 East	, Mary la	guil	
-	DUDIAL COST	AATION LOOP DATE	TUEDFOF	23c. NAME OF CE	METERY			CATION (City, tow	n or county)	(State)
23	A. BURIAL, CREM REMOVAL (Sp		THEREOF	23C. NAME OF CE	WEIERY	OR GREWIATURY	10.19	DATION KOLLY, LOW	X 70	(D)
1	2urial	Jan 26	2 1966	Offara	L Co	metery	104 fo	rd, Ches	uco	Va
24	. FUNERAL DIR	ECTOR /		/ ADDRESS /	1011	25a. RE	C'D BY REGIS	TRAR 25b. REG	ISTRAR'S SIG	GNATURE
6	Jul / K	Vanich.		Marth F	201	had DATE A	V 25 1	956 gel	worlder !	Indae

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TO HOSPITAL